Person Person						450.40
No. 1 Control of the set through a 100 Control of the set of the s						
Min Community of the series thanks a series where the series of a series with the series of a series with the series of a seri		ERF .3E		91.76		257755
Min Community of the series thanks a series where the series of a series with the series of a series with the series of a seri			7.			No. I would
	const Jeanna	 Si ayean s	riaz-ia'	getlens		4 DEL
					THE STREET	
			eq.	400,0		
			14(40)			
					- n	
II. 이렇다. (CT - 1 Tue) [2] (CH - 2 Tue) 다 되었다면 다 되었다면 하는데						
		A W			46775	a2 eller

 MARYLAND STATE DEPARTMENT OF HEALTH

				81880
600	June 5,	BiSnitkin	anaba	not.
	- V 201 - 8001 , 65 y	и.	pozen	n Luis
	1000 760Lp7		Action Action	in altered
beating.	7 (42) (41) (5) (5)	Onne peken		and Language
			190,5	
	Yanzon arada kila		eogh/as	mool,
ijanikys.	construction, which were	mal T 1.100-1	-0.5	01
	onnigerati per inparel i per s		E E	
BENEZ				
		Thresh been visit		mun tream

						EPARIMENT OF HEAD		
	- 1		MIN	DIVISION OF VITAL RECORDS,	301 W. PRE	STON STREET, BALTIMO	RE, MARYLAND 21201	
)			08977			TE OF DEATH		08969
	h. 2 h.		ECEASED-NAME Firs	Middle /7		Loss 20	DATE OF DEATH	2b. HOUR
	uneral 1 and 2 1 death.	(Type ar print)	AMES Flitike	,	13	Month Day	2 Year 9 133
		3. S		4. RACE	15	. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 4 HRS.
	S. Cook		MALE /	WHITE		Nov.9-190	last brithday)	MONTHS DAYS HOURS MIN
	I VAN	7a.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. 4400100 %		DUNTY OF DEATH	
		cou	ntry) MARYLAND		WIDOWED [METER MARKIED	191607	/ Md.
	rin 24 filled pape thin 7	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If nat		CUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	be executed within 24 and completely filled a remove corbon pape in ony event, within 77		FastoN	Men	onel		(working life, even if refired.)	INDUSTRY
	ed cor cor	130.	USUAL RESIDENCE (Where decedission) STATE	osed lived, if institution: Residence before	13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
	and comp remove in ony eve	-	JAIL / ID.	130. COM 19. A.	CHEST	TER YES NO [
	ex ou	14.	FATHER'S NAME First	Middle Lost		MOTHER'S MAIDEN NAME First	Middle	Lost
	din a		JAME		s e	ELVA	Ho	RNEY
- /	icion lease ond i	160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECURITY N	10. 17. INF	ORMANT	Address	/
(ne death conifical otherwise physic permit. Then ple ion, or removal, o		3,110,00	and a decoration with the second seco	MK	S. BURNS - L	HESTER MIH	RYLAND
1	- Par H		18. CAUSE OF DEATH (Enter o	only ane couse per line for (o), (b), and (c).			1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	eath indii.		PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a) Cloelul	non	ulu ac	udut	6 days
	offe offe on,		4369	DUE TO, OR AS A CONSEQUENCE OF				0
	the the sit position		Conditions, if any, which gave) "				
	tha by by ron rem		rise to immediate cause (a), stating the underlying couse	DUE TO OR AS A CONSTOURNESS OF				
0	res sicio ed al-ti al, c		last.	(c)				
0	PHYSICIAN: The law requires that the death conflicte be exerting the properties of the physicion. The law is sentificate has been signed by the ottending physicion and controlled for use as the burial-transit permit. Then please remo Dept. of Health prior to burial, cremation, or removal, and in any		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(o)	
10	ing ing ing he to	×						
1	attending hos been se os the th prior to	CERTIFICATION	190. DATE OF OPERATION 196	o. CONDITION FOR WHICH OPERATION WAS PER	FORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	The att	III.				YES NO	CAUSES OF DEATH?	
	N: or or o		21a. ACCIDENT WAS UNDERLY		21c. HOW	INJURY OCCURRED (Enter natu	ure af injury in Part 1 ar Port 2, I	tem 18.)
	Pita d fe of t	MEDICAL	DR CONTRIBUTING CAUSE OF DEA					
	OR ATTENDING PHYSICIAI be retained by the hospital SIRECTOR: After this certifica e 3 should be detached fa ed with the State Dept. of H	M	21d. INJURY OCCURRED 21e While Nat while	B. PLACE OF INJURY (AT HOME, FARM, STREET, FACT	IDRY,) 21f. LOCA	TION Street ar R.F.D. Na.	City ar Town	Caunty State
	the third detection of Deep deep deep deep deep deep deep deep	11	at wark at work					
	by free be Stat		22a. I certify that (I) (t	his hospital) attended the decease	d from_C_	- 17 , 19 6	, to 6-22, 19	6) , that (1) (we) last
	AL OR ATTENDING y be retained by th L DIRECTOR: After th oge 3 should be de filed with the State	10	saw the deceased of	alive on <u>G ~ Z Z } </u> Ve, (I) (we) (di d) (did nat) view the b	ondy after de	hat in (my) (our) apinion	death occurred an the da	te and haur and from the
	ATT tair tair this this tair	0	22b. SIGNATURE	e, (i) (we) (aid) (aid flat) view file to	Judy unter det	ant.	220 [DATE SIGNED
	A W	16	Hurch	D C1	DEGREE	ATTENDING MED.	OR STAFF	23-6
	V by		22d. PHYSICIAN'S		DEOREE	22e. ADDRESS		- 3 0 7
	RA Be		NAME (Type) Steph	hen P. Carney	M. D.	Easton, Mar	yland 21601	
	TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Healt	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF C	CEMETERY OR CR	EMATORY 1 23c	I. LOCATION (City or Town)	(County) (Stote)
	Pag dire		PENOVAL (Specify)	UNE 25,1449 STEV	lensvi	460 3	TEVENSVILLE	= MD
	110	24.	FUNERAL DIRECTOR	ADDRESS	1	2Sa. REC'D BY REG	SISTRAR 256 PEGISTRAP'S	SIGNATURE
	VR AIL TA	To	no it west for	me Chuck \$1,00	mi	DATEUN 27	1969 /Clian	is judge.

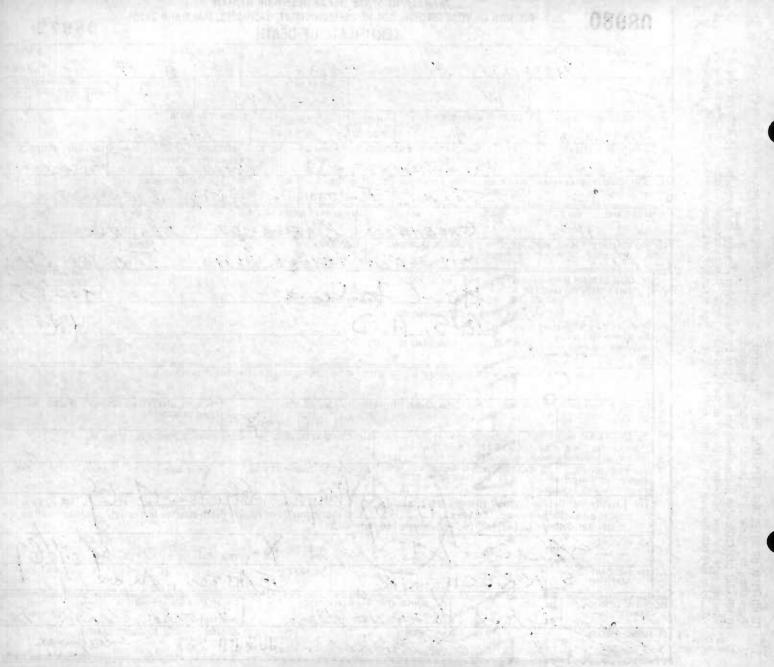
south question amounts from all of the property of the propert STORES STATE Carried Brown and State of the CHARLES CHARLES THE TOTAL DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE PAR WAS THE COLD VALLEY OF THE PROPERTY OF THE PRO

				00000					MENT OF HEA			
		1,		08978						RE, MARYLAND 21201	00040	
		min.		teml3 FilmC413	6/11/6		CERTIFIC	CATE OF			08970	
		\$ 6 8 4 E		ECEASED-NAME Type ar print)		Carl	Ca	llou	vay 2	a. DATE OF OEATH Manth 5 Oa	1969 3	HOUR Q, M
		基 文章	3. S		4. RACE			S. DATE OF B		6. AGE (In years last big hay)	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	24 HRS.
		Page Urs a		MALE		HITE			-1-97	YRS.		
		nin 24 hours a filled in by th papers. Pagi thin 72 hours a	70. cau	BIRTHPLACE (State or foreign htry) Md.		OF WHAT COUNTRY?		NEVER MA	KKIED	OUNTY OF DEATH TALBOT		
		24 i ed i aper	10	MC.	US.	A 11. NAME OF HOSPITAL OR IN	WIDOWED		ORCED		I and the second	Md.
		bletely filled in by the corbon papers. Pages ent, within 72 hours after		EASTON		giver gages) IN	THE F	PINES	during most o		12b. KIND OF BUSINESS INDUSTRY	S OR
		(6 K B B B B B B B B B B B B B B B B B B		USUAL RESIDENCE (Where deceosission) STATE	ed lived, if in 13b. COUN		Cordo		13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER		
	1		14.	FATHER'S NAME First	Mide		1	5. MOTHER'S M	MAIDEN NAME First	Middle	Last	
	P ₃₀	n ar		Josiah					ie Smoot			
		quires that the death certificate be exemply signed by the ottending physician and colorial-transit permit. Then please remoburial, cremotion, or removal, and in any	16a	WAS DECEASED EVER IN U.S. ARA (as, no, or unknown) (If yes give w	ED FORCES? ar or dates of servi	16b. SOCIAL SECURITY		INFORMANT		Address	ALL .	
		phy en ovol				219-14-40		harles	B. Hicks	son, RFD Easton	, Md. 21601	
		of the death cel		 CAUSE OF OEATH (Enter on PART I. DEATH WAS CAUSED 	y one cause p						BETWEEN ONSET AND G	OEATH
		ne death ottendir permit. ion, or re		5901 IMMEDIA	TE CAUSE (a)	Ween					71	
		the e of per		Canditians, if any, which gave)		OR AS A CONSEQUENCE OF	2000	10 10	No Omne	elvitis	Uncert	2.
		thusit		rise to immediate couse (a),	(b)	OR AS A CONSEQUENCE OF	- 00 1	The special section of the section o	The state of the s	7.0		un
	1	equires that the physician. signed by the buriol-transit burial, cremoting		stating the underlying cause last.	(r)	OK AS A CONSEQUENCE OF						
i	0	quire phys igne igne ourio uria		PART 2. OTHER SIGNIFICANT COM	DITIONS CONT	TRIBUTING TO DEATH BUT N	IOT RELATED T	O THE TERMINA	AL DISEASE OR CONDI	TION GIVEN IN PART 1(a)		
	N		z	arteriose	Dero	ticheart.	disea	4	th con		art fail	ure
	2	IAN: The low retail or ottending ficate has been storn use os the the Health prior to the	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FO	R WHICH OPERATION WAS P	RFORMED	20a. AUTO		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYIN	G
		or o		21a. ACCIDENT WAS UNDERLYIN	G 21b. TI	ME OF INJURY	21c. H			ure of injury in Port 1 or Port 2,	Item 18.)	
		icial pital riffica d for of He	MEDICAL	OR CONTRIBUTING CAUSE OF OFAT	er)	P.M.	9				,	
		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician of director, page 3 shauld be detached for use os the buriol-transit permit. Then please no should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in	ME	at work at work		URY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City or Town		Stote
		by the fifter pee of the state		220. I certify that (1) (the saw the deceased a couses stated above	s haspital)	attended the deceas	ed from_	4-20	1969	, to 6 -5 , 19	69, that(())(w	e) lost
		R: A uld		saw the deceased a	(I) (we)	did (did nat) view the	hadvafter	death.	ny) (our) opinior	n death accurred on the do	ite ond hour ond fro	om the
		ATT estoir CTO Sha iffh		22b. SIGNATURE		did har view inc	bady arror			22c.	OATE SIGNEO	
		OR De r		Rober	t W	Trever, M.	D. DEG	REE PHYS.	ING MED.	OR PHYS.	-60-69	
		TO HOSPITAL Poge 4 moy b TO FUNERAL D director, page director, page should be file		22d. PHYSICIAN'S NAME (Type)			1955	22e. ADI	DRESS			
		OSPI NER Itar,	000		ATP	Teo 11417-25	CEMETERY A-	CDEMATOR	Too	L LOCATION (C)	(6 1)	
		Poge Officer Shot	23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify)		23c. NAME OF Breens		CREMATORY		d. LOCATION (City or Town)	(County) (State	9)
			24	FUNERAL DIRECTOR	/7/69	ADDRES			2So. REC'D BY RE	Hillsboro GISTRAR 2Sb. REGISTRAR'S	SIGNATURE	
		VR A 5 14		Lay D. HEU	EAS! VI	Eneton	, ma		DATEIN S	9 1969 Milan	las Judge	3 8
		A /					_					

					3	H88
		17-6-11				
	100 mm)î				in The
		405				
					1	
		decirio accient.		7570	fu facility	
lack .int .n	druid Toll , do	while or saltur	D 875	16-816		

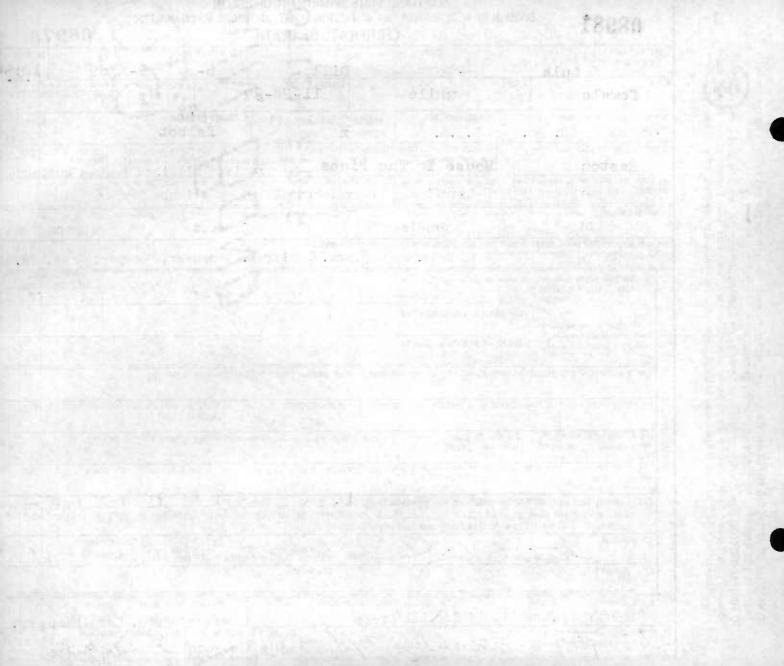
						1 k t	
				est to		นแก้	
7.5		963.			: 1	20.00	
	Talkod		×		2772		
	- Services	ol.	in strait w		16	:5	
all them the	W.	• •	mit in	tion).	X Park	a Σ	
	scilis.						
corn,	6 m 4 4	7 186 E	.2500 .005	3-22-55	SHIPP		Cist

MARYLAND STATE DEPARTMENT OF HEALTH 08980 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08972 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR First Lost death. be executed within 24 haurs after death. and completely filled in Dy the funeral remove carbon papers. Pages I and in any event, within 72 hours after death (Type or print) Month ARGARET AVIS IF UNDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years lost birthday) MONTHS DAYS HOURS 10-6-187 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED TO DIVORCED [1307 please remove carbon paper ARVLAND 12o. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1D. CITY OR JOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) INDUSTRY THE 45 EN EET during most of working life, even if retired.) ASTON 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO LASTEN 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Wm ADDOX REENWOOD requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no ar onknown) (If yes give war or dates of service) 30.8 ar removal 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) cremation, DUE TO. OR AS A CONSEQUENCE OF the Conditions, if ony, which gove) burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thu Page 4 may be retained by the haspital ar attending physician. stating the underlying couse lost. Health prior ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been far use as the 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO I 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 21b. TIME OF INJURY (Erker noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year should be detached if the State Dept. of (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21e. PLACE OF INJURY City or Town County While Not while of work 220. I certify that (I) (this hospital) strended the discosed from sow the deceased glive on 19 thot sow the deceosed alive on. and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) directar, g NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (Stote) 230 BURIAL CREMATION (County) REMOVAL (Specify) RING ON 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 9 30M REV. 1/68



1		08981		, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	089	73
- 2-	1. [DECEASED-NAME Fire		Lost	2o. DATE OF DEATH		2b. HOUR
deoth ond death		(Type or print)	a Rebecca	Dill	6- Month 9-	Ooy 69 Year	10:5
after new men	3. 9	female	4. RACE while	S. DATE OF BIRTH	6. AGE (In years lost birthdoy)		HDURS MIN.
e executed within 24 hours and completely filled in by remove carbon papers. P n any event, within 72 hour	70. co.	BIRTHPLACE (State or foreign intry) Orchester Co.		8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Talbot		Md.
vithin 24 Ily filled non pape within 72	10.	CITY OR TOWN OF DEATH Easton		during I	UAL OCCUPATION (Kind of work don most of working life, even if retired etired Milliner	12b. KIND OF 8 1NDUSTRY Own bu	
ecated with	13o odn	. USUAL RESIDENCE (Where dece	eosed lived, if institution: Residence before nd 13b. COUNTY Caroline	13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER Reliance Av		5111555
be exerged from any	14.	FATHER'S NAME First Dicen	Middle Lost Bradle	1S. MOTHER'S MAIDEN NAME	First Middle Rebecca	Canno	lost
rificote hysicior n pleas	160	Yes, no, on unknown) (If yes give	RMED FORCES? 16b. SOCIAL SECURITY Unknown	NO. 17. INFORMANT Mrs. Louise	W. Lomgaker, New	port News	s, Va.
requires that the death certificate be executed within 24 hours after deoth g physicion. I signed by the attending physicion and completely filled in by the unertal s buriol-tronsit permit. Then please remove carbon papers. Piget ond to buriol, cremation, ar remavol, and in any event, within 72 hours after death		PART I. DEATH WAS CAUS	only one cause per line for (o), (b), ond (c SED BY: DIATE CAUSE (o)	in of her.	Creat	BETWEEN ON	ATE INTERVAL SET AND DEATH
nt the d the atte sit perr mation,		Conditions, if ony, which governise to immediate cause (a)	(D)				
ires tho ysicion. ned by iol-tron		stoting the underlying coust lost.	DUE TO, OR AS A CONSEQUENCE OF				
w required in the purity of th	No		CONDITIONS CONTRIBUTING TO DEATH BUT I				
The lay ottend of the best of the prior	CERTIFICATION	19o. DATE OF OPERATION 19	Pb. CONDITION FOR WHICH OPERATION WAS P	YES NO			RTIFYING
ICIAN: oital or tificate d for u	MEDICAL CE	DR CONTRIBUTING CAUSE OF DI	HOUR A.M. Month Doγ Yeo P.M.	19	er noture of injury in Port 1 or Port	2, Item 18.)	
pHYS) he hosy this cer letache	ME	While Not while of work	e. PLACE OF INJURY (AT HDME, FARM, STREET, F. DFFICE BUILDING, ETC.			County	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed very may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and complete director, page 3 should be detached for use as the buriol-transit permit. Then please remove carl should be filed with the State Dept. of Health prior to buriol, cremation, ar remaval, and in any event.		22a. I certify that (I) (I	this hospital) attended the decear alive on — — — — Ive, (1) (we) (did) (did nat) view the	19_6 Jand that in (mv) (aur) a	pinion death accurred an the	19 <u>~</u> , that date and havr a	(I) (we) last nd from the
OR ATI		22b. SIGNATURE	to Blef	>	MED. STAFF DIRECTOR PHYS.	C - 9	69
SPITAL 4 may IERAL C or, pag Id be fill		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS			
TO HOPage TO FUN direct	230	REMOVAL (Specify)	June 11, 1969 Hill	Crest	23d. LOCATION (City or Town) Federalsburg.	(County) Caroline	(Stote)
VR A15 (12)	24.	JUNERAL DIRECTOR	Son Federale bu	21/1	BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE	e.

MAKILAND STATE DEPAKIMENT OF HEALTH

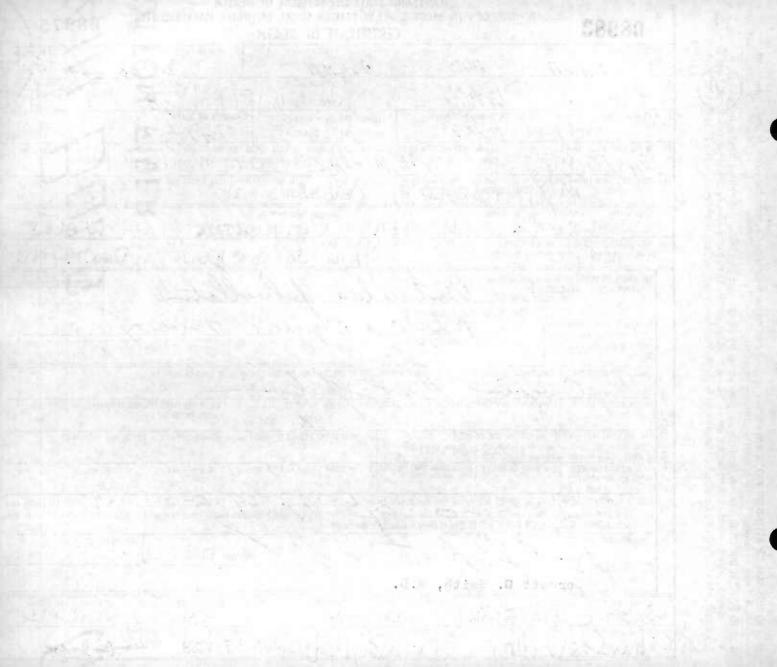


MAKTLANU STATE DEPAKIMENT OF HEALTH 08982 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08974 CERTIFICATE OF DEATH 1. DECFASED-NAME First 2g. DATE OF DEATH Month 6 (Type or print) MARY DONALDSON SON 3. SEX RACE DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS DAYS HOURS 7a_BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED S 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban be should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within during most of wesking life, even if retired.) INDUSTRY tome campletely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER requires that the death certificate be executed NO X EASTON Bloomf Middle Last 1S. MOTHER'S MAIDEN NAME First Middle 17. INFORMANT Yes, po or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T 2 a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased fram... . 19 66 , ta 29 JUNE 19 69 saw the deceased alive an 32 fune 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) VR A15 (4) 30M REV, 1/68

08982 PERSONAL PROPERTY OF THE PROPERTY OF THE PERSONAL PROPERTY OF THE PERSO MANIA miles and the second se

	l .			IND STATE DEPARTME				
	00000	DIVISIO	ON OF VITAL RECORD	S, 301 W. PRESTON STR	EET, BALTIMORE, MA	ARYLAND 21201	089	ry =
	08983			CERTIFICATE OF	DEATH		009	13
4 24	1. DECEASED-NAME	First	Middle	Lost	2o. DATE C	OF DEATH		2b, HOUR
eof eat	(Type or print)	nnA	MAY	DORAN		Month Doy	Year	60
- (A-/L)	3. SEX	4. RACE	. 0 /	S. DATE OF BIR	TH	6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
# (4 KE)	Formale	,	1xtito	JAN		last birthday)	MONTHS DAYS	HOURS MIN
by	7a. BIRTHPLACE (State or	foreign 7h CITIZE	N OF WHAT COUNTRY?		, , , ,	YRS.		
in 24 hours filled in by papers. hin 72 hou	country)	l O	12800	8. MARRIED NEVER MARR		1/bot		M
fille fille	10. CITY OR TOWN OF DEA	ITH/	11. NAME OF HOSPITAL OR	INSTITUTION (If not in hospital	12a. USUAL OCCUPATIO during most of workin	N (Kind of work done	12b. KIND OF E	BUSINESS OR
withi with	FH3/0	OY	1111	-MORIAL	A WORK	The second	INDUSTRI	
thot the death certificate be executed within 24 hours after death on. by the ottending physician and completely filled in by the functor propers. Hage and 2 remation, or removal, and in any event, within 72 hour ofter death cremation, or removal, and in any event, within 72 hour ofter death	13o. USUAL RESIDENCE (W odmission) STATE	here deceased lived, if	institution: Residence before	B 13c. CITY OR TOWN	3d. INSIDE CITY LIMITS? 13e. S	TREET AND NUMBER		
I MO	14. FATHER'S NAME		Middle Lost		IDEN NAME First	Middle		Lost
cian ond case remo	1	RANK	1000	TERS IS. MOTHER'S MAI	THERENI		IN A	119
and and	160. WAS DECEASED EVER	IN U.S. ARMED FORCES	? 16b. SOCIAL SECURI		1 14 045 100	Address	VO 101	- 1-4
iffica hysid n pla n'al,	Yes, no, or unknown	(II yes give war or dates of si	ervice)	Mrs. les	BLIBR DO	WNRZ. D	DED DO	CMN
th certifica ling physi . Then pl removal,	18. CAUSE OF DEAT	H (Foter only one rous	se per line for (a), (b), ond	(1)	1 1 11		APPROXIM	MATE INTERVAL
he death cei ottending p permit. The	PART I. DEATH	WAS CAUSED BY:	1/- 7	11.	Marell.	0	BETWEEN ON	NSET AND OEATH
ne death ottendi permit. ion, or r	4121	IMMEDIATE CAUSE (men of	ave an	u		
the o	Conditions, if ony, w	vhich gove)	TO, OR AS A CONSEQUENCE	n Dha	11:0	CVIC TI		
or to to	rise to immediate	couse (a),	TO, OR AS A CONSEQUENCE	DE 5 17(8	AUS V	VICE IN		
equires that the d physicion. signed by the ott burial-transit per	stating the underly	ing couse	(c)					
requires g physici s signed b burial-	PART 2. OTHER SIGN	IIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DASEASE OR CONDITION GIV	EN IN PART 1(a)		
n sign o		Compact	The Ho	. I Mark	e Q	EN IN TAKE I(U)		
No property of the property of	190, DATE OF OPERATI	ON 19b CONDITION	FOR WHICH OPERATION WAS	PERFORMED 200. AUTOP	SY2 20h	IF YES, WERE FINDINGS CO	ONSIDERED IN CE	PTIFYING
AN: The law real or ottending icote has been for use as the Health prior to	190. DATE OF OPERATI	0		YES		ES OF DEATH?	DINGIDERED IN CE	KIII IIIIO
or of the state of		UNDERLYING 216.	TIME OF INJURY	1 . 1	JRRED (Enter noture of inj	ury in Port 1 or Port 2 (tem 181	
ICLAN pital rrifica of He	OR CONTRIBUTING (If either, notify med	CAUSE OF GEATH HOU	JR A.M. Month Doy Ye P.M.	00	(2.110) 101010 01 111	0.7 11. (0.1.) 0. (0.1. 2, 1	10.11	
PHYSICIAN: e hospital or his certificate stoched for u Dept. of Hea	21d. INJURY OCCURR	OFD DIACE OF L		19 FACTORY.) 21f. LOCATION Street	or RED No. Cit	y or Town	County	Stote
	While Not while				or K.I.D. No.	y or rown	County	Jivie
by Stat	22o. I certify th	ot (I) (this hospits	ol) oftended the deced	sed from 6 -17	, 1969, to	- 20 , 19	59, that	(I) (we) los
ATTENDING atoined by th CTOR: After t should be de	sow the de couses stot	ed obove, (I) (we) (did) (did not) view th	1967, ond that in (my e body ofter deoth.	(our) opinjon deoth	occurred on the do	te ond hour o	ind from th
E G F F F F F F F F F F F F F F F F F F	22b. SIGNATURE) (4)	9	ATTENDING	MED.	STAFF 22c. [DATE SIGNED	
OR be r DIRE	/	asel 1	prod	DEGREE PHYS.	DIRECTOR L	PHYS		
TO HOSPITAL OR ATTENI Page 4 may be retoined TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22d, PHYSICIAN'S NAME (Type)	Dorsett D	Smith, M.	D. 22e. ADDR	ESS			
UNI UNI Duld		23b. DATE	23c. NAME (F CEMETERY OR CREMATORY	23d_LOCAT	ION (City or Town)	-{County)	(State)
Pag Pag	230. BURIAL, (REMATION, REMOVAL (Specify)	- JINKS	4,1969	ENTON	DE	NOTU.	COUNTY)	(State)
VR ALS VAL	24. FUNERAL DIRECTOR	1) M	ABORE	55 1	250. REC'D BY REGISTRAR	2Sb. REGISTRAR'S		,
45M - 6	than !	SUIT	Mc De	ula, 10'	DATE UN 2 7 19	169 aclian	San Jacob	se.

BBA

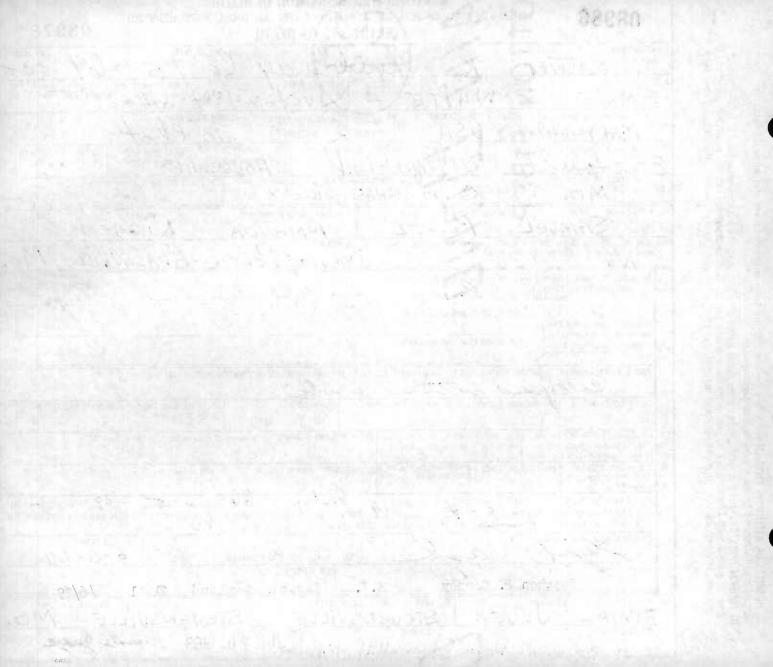


y ear	Jone 30, 1		respied -	time is	Control of the second
		s , s white			atax
	Taibot County			121	La casi
	721,000		many salph after gamp		day were
		and the desir	Onswi - I	วิทธิเรา	
					1200211-1-
	descent amount	J. object .es			
ir i	NAME OF A			X 14	
	1 (D. Service)				
	NAME OF A				
	NAME OF A				
	Ò				
	Ò				

1 5 5 2 1	08985		O1 W. PRESTON STREE ERTIFICATE OF D		21201	089	977
1. DECEASED-1 (Type ar p		. Gannon	Last		E OF DEATH Month Day JUNE 30	Yeor 69	2b. HOUR FA M
3. SEX Fe	male	4. RACE White	s. date of birti 8/25/	1893	6. AGE (In years birthdoy) YRS.		F UNDER 24 HRS. HOURS MIN
country)	CE (Stote or foreign	USA	MARRIED NEVER MARRIE WIDOWED DIVORCE	Tal			Md.
Ea	own of death ston	11. NAME OF HOSPITAL OR INST	TUTION (If not in hospital ngton Street	during hossift wo	TION (Kind of work done	12b. KIND OF BU	
13a. USUAL R admissian)	ESIDENCE (Where decease	ised lived, if institution: Residence before 13b. COUNTY Talbot	Easton	INSIDE CITY LIMITS? 136	e. STREET AND NUMBER 28 S. Washir	rgton St	€ 6.7 - •
14. FATHER'S Ruf	NAME First us McNeal	Middle Last	1s. MOTHER'S MAID Annie E	NAME First	Len Middle		Lost
160. WAS DE	CEASED EVER IN U.S. AR! unknown) (If yes give v	AED FORCES? 16b. SOCIAL SECURITY NO. 218-16-53	17. INFORMANT		Easton, Md.		
Condition rise to it stoting last.			RELATED TO THE TERMINAL D	ISEASE OR CONDITION			TIFYING
190. DAT	CIDENT WAS UNDERLYIN		YES 🗀	NO 🗆 CA	USES OF DEATH?		
Uf eithe	NTRIBUTING CAUSE OF DEA	HOUR A.M. Month Day Year	No. 11 Sec.		City ar Town	County	State
220 1	certify that (I) (th	is hospital attended the deceosed live on 2 4	from February	2, 19 <u>65</u> , to. (our) opinion dec	June 19 or the do	69_, thot (te ond hour o	I) (we) lost nd from the
22b. SIG	ouses stoted above	e, (I) (we) (did) (fid not) view the b		MED.	STAFF 22c. I	DATE SIGNED	
22b. SIG	NATURE VSSCIAN'S IME (Type) Steph	e, (I) (we) (did) (flid not) view the b	DEGREE ATTENDING PHYS. 22e. ADDRES METERY, OR CREMATORY Q Neck 25	P.O. Box	STAFF 22c. To PHYS. 7. 929, Easton. (ATION (City or Town) ston, Md.	-1-69	.60 1

		1 2 2
	sioniti.	Lyda n
1893	5, 33	9. 17. 2
x Talliot	577	
in the Stevet Clark Stationary State	21 5. 302	, t
celar a 25, leninour	Tallos	
missan of sions		in the same
537 (obené sounts, casion, lit.	276-76-	0.11
Particular seed to the North Communication		

_ 11		1	MARTLAND STATE DEPARTMENT OF HEALTH	
			08986 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			CERTIFICATE OF DEATH	08978
	± -2 ±		DECEASED NAME Jirst Middle Lost 2g DATE OF DEATH	2b. HOUR
	death heral ond 2 death.		(Type or print) Estilled R. Hadaan Care (a Manth Day	(200 620M
	व किंदि	3. 5	SEX 4 RACE 4 S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	中 事		FEMALE 4 RACE S. DATE OF BIRTH 6. AGE (In years last bighday) FEMALE VL/22-1884 last bighday) YRS.	MONTHS DAYS HOURS MIN
	aurs aurs		BIRTHPLACE (Stote of foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHED 9. COUNTY OF DEATH 0	
	24 haurs after death ed in by the funecal opers. Pages ford 3 72 habrs after death	cau	MARYLAND USA WIDOWED DO DIVORCED TO PULL	Md.
1	in 2 illec pap pap	1D.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not it haspital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OF
	requires that the death certificate be executed within 24 haurs after a physician. signed by the attending physician and campletely filled in by the fun signed by the attending physician and campletely filled in by the fun bledge-enfave carbon papers. Pages to burial, crematian, ar remaval, and in only event, within 72 habes after.	15	during most of working life, average retired.)	INDUSTRY X
	ed v	13a.	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	amp amp	dan	nission) STATEM D. 186. COUNTY S. A. GRASONVILLETES NO	7
	Selection of the select	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
	be de de			ens
	ate least	160	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT / Address	1.1 11
	attending physician and permit. Then pleasement ian, ar remayal, and in physician and permit.		DOROTAL PORTER-GRASON	VILLE MD.
	The The		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ar re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Engression generally of attenuation	SETTLEM CHOSE AND DEATH
	atte		4409 DUE TO, OR AS ACONSEQUENCE OF	7
	the the sit properties.		Conditions, if any, which gave	
	tha in. by ran: rem		rise to immediate cause (a). stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
N	res sicio al-tra al, c		last. (c)	
1	equires that the physician. signed by the burial-transit burial, cremati		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
1/0	ing ing en to	×	Collopsed vetetre 2 who	
1	The law requires the attending physician. has been signed by se as the burial-trail hariar to burial, cre	SATIO	19a. DATE OF OPERATION 6. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
N	The hat	CERTIFICATION	YES NO CAUSES OF DEATH?	
	dar us ar us de all		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1: OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year	tem 18.)
	Partie de la company de la com	MEDICAL	(If either, notify medical examiner) P.M.	
	OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate e 3 shauld be detached for u ed with the State Dept. of Heal	2	21d. INJURY OCCURRED While Nat while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
	the this det		di work of work	
	by be be Stat		22a. I certify that (I) (this haspital) attended the deceased fram 1964, to 6-5, 19	that (I) (we) last
1	R: A		saw the deceased alive an 6 1967, and that in (my) (aur) apinian death accurred an the dat causes stated abave, (I) (we) (did) (did nat) view the bady after death.	te and haur and fram the
	ATT Strain Strain Tith			DATE SIGNED
	OR De re		DEGREE PHYS. DIRECTOR DIRECTOR PHYS. D	-6-69
	Al Dodge		22d. PHYSICIAMS 22e. ADDRESS	6 6 /
	ERA ERA ERA ERA		NAME (Type) Stephen P. Carney M. D. Easton, Maryland 21601	616160
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerting the may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condinector, page 3 should be detached far use as the burial-transit permit. Then please-employed be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in phy	23a.	. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	Page dir		BNOYESPAYL JUNES STEVENSVILLE STEVENSVIL	LE MD.
	VR ALLO	24.	FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250, REGISTRAR'S	SIGNATURE
	45M - 1 69		more Funcional Home, Church Hill, Md. DATEUN I O 1969 Turan	Card Arrestown

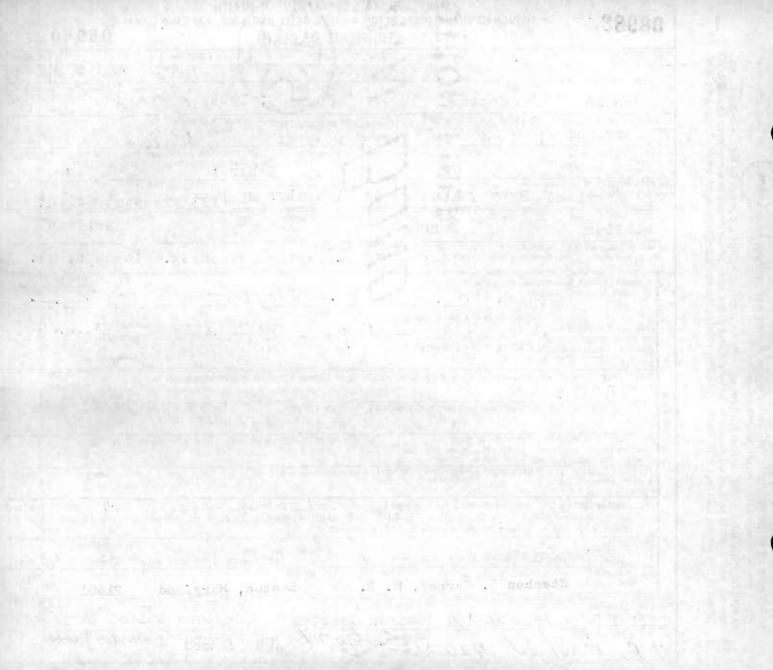


MAKYLAND STATE DEPARTMENT OF HEALTH

			, e ^a
		ang Jers	•
	7.5117.097	hyatik	11150
ramountaile n			Maryland
o group mund	100 30 - 12 x x	Mary east	miamonia .ra
2012/09/2012			limit in the
ALOUES AVIOLE		with total	ASSESSED A
And decrease the state of the s			
iardia lived.	Energiese arelante	atta	
	a peller the	alla Huser, a	
July allowed in			
i generaliyal			

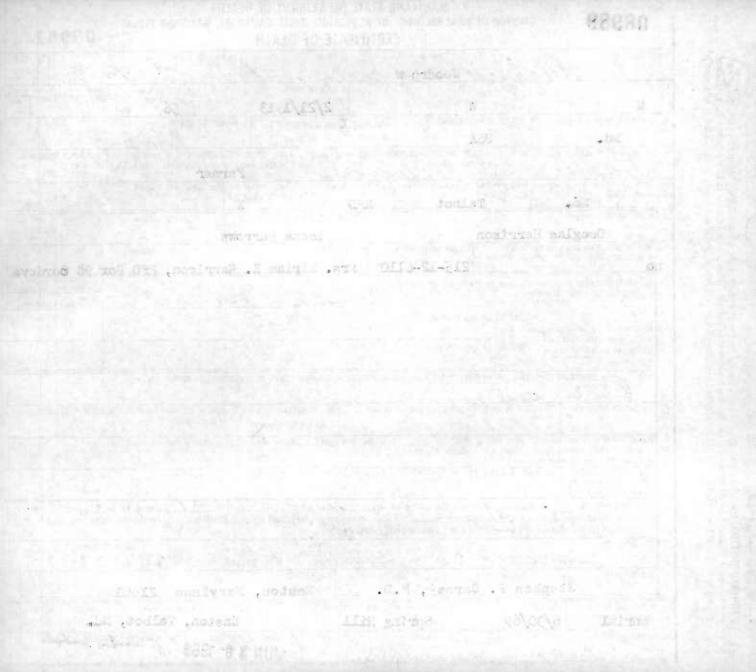
		MARTLAND STATE DEPARTMENT OF HEALTH	
4		08988 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00000
		CERTIFICATE OF DEATH	08980
er death. funeral fer death.		DECEASED-NAME First Middle Lost/ 20. DATE OF DEATH (Type or print) Manth Day The State of Death Day The State of Death Th	2 14/9 2b. HOUR
24 hours after death din by the funeral pers. Peges and 72 hours after death	3. S	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN
hours in by sers. Pours		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY!) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED	Md.
ithin 24 filled an pap		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
mpletel mpletel	130. adm	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER mission) STATE TYLAND 13b. COUNTY Talbot St Michealest No 123 Freemon	
and car remove	-	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle William Harris Mary	Griffin
ificate b nysician please al, and	160		neals, Md.
requires that the death certificate be executed with a physician. In signed by the attending physician and campletely be burial-transit permit. Then please remove carban a burial, crematian, or removal, and in any event, with		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, (f only, which gove) (b) Sustemus lufaces anythematoris	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH 8 months
uires that 1 ysician. gned by thi rrial-transit	MEDICAL CERTIFICATION	rise to immediate couse (a). Stating the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding posen si		60.00,	ONSTREDED IN CERTIEVING
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after can be any be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundirector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages and the state Dept. af Health prior ta burial, crematian, or removal, and in any event, within 72 hours after contains.		YES NO NO NOTE OF DEATH? YES NO NO NO NOTE OF DEATH? YES NO NO NOTE OF DEATH? YES NO NO NOTE OF DEATH?	
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	
		While Nat while at work at work	County State
TENDING TENDING OR: After auld be at the State		22a. I certify that (I) (this haspital) attended the deceased fram 5 - 21 -, 1969, ta 6 - 20, 1969, saw the deceased alive an 1969, and that in (my) (our) opinion death accurred an the data causes stated abave, (I) (we) (did) (did nat) view the bady after death.	69 , that (I) (we) last te and haur and fram the
OR AI DIRECT DIRECT Sah led with		Stypho Con DEGREE ATTENDING DIRECTOR DIRECTOR PHYS.	DATE SIGNED - 21 - 69
SPITAL 4 may NERAL tar, pag			21601
Page To Fun direct	F	Burnal, Cremation, Burnal, Cremation, June 24 1 69 Newtown Cemetery 1 23d. Location (City or Town) Newtown talbo	
VR A15 (4) R 45M - 1 89	24.	4. B. Dashiell 426 Dore The DATE DATE	The state of the s

AID CTATE DEDAD



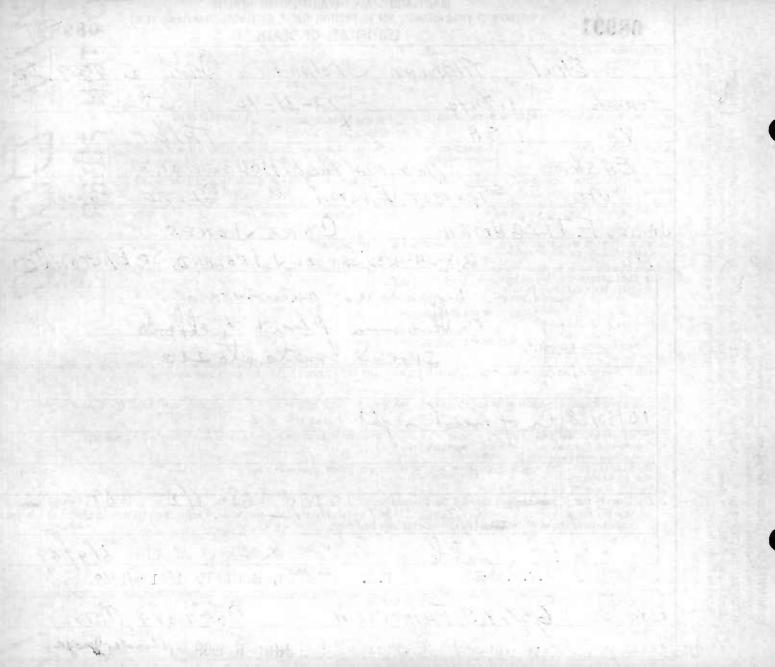
12_1	08989 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 08981
ero ero eth.	1. DECEASED-NAME (Type or print) Hughlett Woodrow Harrison Se. 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 21. DECEASED-NAME (Type or print) Tunnel 27 Years 2 As No.
	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years I FUNDER 14 HRS.
y th Pag	M 2/21/1913 56 YRS.
in by in by 2 hou	70. BIRTHPLACE (Stote or foreign country) Md. 75. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED
within 24 silled ban pap within 7	10. CITY OR, TOWN OF DEATH, 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
wit with t, with	EUSTON Mellokion Farmer
the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the Turela sit permit. Then please remave carban papers. Pages and in any event, within 72 hours after deafth	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b. COUNTY 13b. COUNTY 13b. COUNTY 18c
and con remain only	14. PAIRICKS NAME FIRST Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
ician an elease re	Douglas Harrison Leona: Burrows 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
ifical nysical al, a	Yes, no, or unknown) ((If yes give war or dates of service)
eath certifi ending phy nit. Then ar remava	18 CAUSE OF DEATH (Enter only one couse per line for (g) (h) and (c))
eath endin nit. ar re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cannon of the lung Thirty
afte perm jan,	16 d Due to, or as a consequence of
	Conditions, if any, which gave rise to immediate cause (o).
requires that the death certificate be g physician. signed by the attending physician are burial-transit permit. Then please ra burial, crematian, ar remaval, and in	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)
equires physici signed burial- burial	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
law re nding been s the iar ta	Teliculum cell same 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. ALITOPSY2 200. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by je 3 shauld be detached far use as the burial-trared with the State Dept. of Health priar ta burial, cre	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NOT CAUSES OF DEATH? 216. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIRY 216. HOW INITIRY OCCUPRED (Prior polyre of initing in Part 1 or Part 2 New 18)
JAN: tal or ficate far u	
DING PHYSICI by the haspit ffer this certif be detached State Dept. of	2 21d INTURY OF CURRED 21e PLACE OF INTURY (AT HOME FARM STREET FACTORY) 21f 10(ATION Street or P.E.D. No. (b) or Town County State
DING PHYS by the has ther this ce be detache State Dept.	ot work ot work
Afte Afte Sta	22a. I certify that (I) (this hospital) attended the deceased from Nov., 1968, ta 27 June, 1969, that (I) (we) last saw the deceased alive an 26 June 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the
TTEN aine OR: Daulch the	causes stated abave, (I) (w e) (did) (did nat) view the bady after death.
D HOSPITAL OR ATTENE Page 4 may be retained FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	226. SIGNATURE Staph Co Carry Degree PHYS. DIRECTOR DIRECTOR DHYS. 22c. DATE SIGNED 4-27-69
ALD ALD page e file	22d. PHYSICIAN'S 22e. ADDRESS
NER H	NAME (Type) Stephen P. Carney, M.D. Easton, Maryland 21601
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital or atter to FUNERAL DIRECTOR: After this certificate has directar, page 3 shauld be detached far use as shauld be filed with the State Dept. of Health pri	230. BURIAL, CREMATION, REMOVAL (Segify) 231. DATE 232. NAME OF CEMETERY OR CREMATORY 233. LOCATION (City or Town) 234. LOCATION (City or Town) 235. DATE 236. NAME OF CEMETERY OR CREMATORY 236. NAME OF CEMETERY OR CREMATORY 237. NAME OF CEMETERY OR CREMATORY 238. DATE 239. DATE 230. NAME OF CEMETERY OR CREMATORY 230. LOCATION (City or Town) 230. DATE 230. NAME OF CEMETERY OR CREMATORY 230. NAME OF CEMETERY OR CREMATORY 230. DATE 230. DATE 230. DATE 230. DATE 230. NAME OF CEMETERY OR CREMATORY 230. DATE 230. DA
VR A15 (4)	24 FUNERAL DIRECTOR ADDRESS APT D. HENERE N. LASTON Md. DATE UN 3 0 1969 250. REC'D BY REGISTRAR DATE UN 3 0 1969
	Day of the state o

ANID



2	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	08990 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08982
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN 🙉 Manth D	Day Year 2b. HOUR
lay is 3 to Page ent af	(Type of Print) ERNEST HUFFER DEATH MATED 6	1 1969 5:3
3. 3. de	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years F under 1 YEAR F under 24 Hrs. 2c. DATE PRONOUNCED DEAD WONTHS DAYS HOURS MIN. Month Doy	Yeor 19 2d. HOUR
Profession 1	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Grantly MARYLAND L.S.A. WIDOWED DIVORCED TALBOT	M
24 haurs after death in Item 18. Give Pages 1, is Office along with farm is Land 2 with the State De res after death.	EASTON give street address MEMORIAL HOSP. during most of working life, everyif setired IN	2b. KIND OF BUSINESS OR NOUSTRY
18. Give along	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE DEL 13b. COUNTYNEW CASTLE TOWNSEND YES NO NO HAMAL	
24 haurs in Hem 18 Office 15 Office	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle . CLARENCE F., HILFTER ALICE VIADINIA	KELIFAVER
nauld be executed within 24 word "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages an any event within 72 hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dates of service) 2/7-30-8451 MRS, VIOLET HUFFER- TOWN	
be executed wi "pending" in pe nief Medical Exar ansit permit. File event within 72	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _CORONARY OCCLUSION	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
pe executive from the front per	Conditions, if ony, which gave) ASCHD	
e shauld be e the word "per ta the Chief is burial-transit	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ficate stand the ded ta as a bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate shauld be executed within cate, writing the word "pending" in pencil be farwarded to the Chief Medical Examine I be used as a burial-transit permit. File pagar remayal, and in any event within 72 hou	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	20. AUTOPSY? YES NO NO
#= = = 0	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street. 21f. LOCATION Street or R.F.D. Na. (ity or Town	
	21d. INJURY OCCURRED 21d. INJURY OCCURRED AT WORK AT W	Caunty State
ical E: executor. Page ed far CTOR: burial,	22o. I certify that I took charge of the remains described abave, held an Autopsy, Inspection, Inquiry, death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	and in my opinian
o DEPUTY DI necessary, please the funeral direct may be retained FuneRAL DIRECT Health priar to be	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Tues) Louis S. Welty ADDRESS(Syrat site town or county)	SNED69
TO DEPUT necessary the funer 5 may be TO FUNER. Health	NAME (Type) LOCATS S. WELLY ADDRESS(Street, city, town, or county)	
01 = 20 ± 2	BUANAL 6/4/69 KENNEDYVILLECEN KENNEDYVILLE	Caunty) (State)
VR A15ME (5) 10M REV. 1/68	24. FUNERAL DIRECTOR Lester Daniels - Middletoven Bothatium 4 1969 Weight	

\$3670	11/201-11/01/18				00080	
			THE THE			
				9 - 444 +		
		AND THE PARTY OF T				
					N 12 May 10	
	BENT LI					
and in the	1	MIL NOT SE				



1	- 1	1	00000	DIVISIO	N OF VIT			RESTON STR			RYLAND 21201		
		L	08992			D. T. Y	CERTIFIC	ATE OF	DEATH			089	184
	er death. funeral : I and 2 ter death.		-	first hen Fna	nces	Jones		Last		20. DATE OF	6 Month 5	969 Year	2b. HOUR
	aurs after death. by the funeral Pages I and 2 poirs after death.	3. 5	Female	4. RACE	rite			S. DATE OF BII 9/1/	1902		6. AGE (In years lay prinhay)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
•	4 haur		BIRTHPLACE (State or fareign intry) Md.	7b. CITIZEN	N OF WHAT C	OUNTRY?	8. MARRIED WIDOWED	NEVER MAR	_	9. COUNTY OF			Md
	within 24 hours after death rely filled in by the funeral ban paper. Pages I and 2 within 72 hours after death	10.	Neavitt		11. NAME (give street	OF HOSPITAL OR IN toddress)	STITUTION (If n	ot in hospitol	120. USUA durido mo	L OCCUPATION	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
		13a odn	USUAL RESIDENCE (Where do	ceosed lived, if 13b. CO	institution: JUNTY /a	Residence before	13c. CITY OR Near	town	YES NO		TREET AND NUMBER		
2/5	rician and carry lease remave and in any eve	14.	FATHER'S NAME First Gardiner G		liddle	Lost	15	MOTHER'S MA	Ann Me		Middle 2		Lost
	tificate b hysician n please val, and i	160	WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes	ARMED FORCES		SOCIAL SECURITY		nformant homas	G. Jon	es, Ne	Address Pavitt, Mo		
	ATTENDING PHYSICIAN: The law requires that the death certificate be-executed stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and cample shauld be detached for use as the burial-transit permit. Then please remave call the State Dept. of Health priar to burial, crematian, ar remaval, and in any even		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE) Conditions, if ony, which gerise to immediate couse (stating the underlying coulost. PART 2. OTHER SIGNIFICANT	USED BY: NEDIATE CAUSE (c DUE T a), DUE T	(b) O, OR AS A	CONSEQUENCE OF	ic Ce	THE TERMINAL	DISEASE ORCO	DINDITION GIVE	orealize N IN PART 1(0)	BETWEEN CO	IMATE INTERVAL DINSEL AND DEATH
2	bing PHYSICIAN: The law reby the haspital ar attending lifter this certificate has been be detached for use as the State Dept. af Health priar to	CERTIFICATION	19o. DATE OF OPERATION	9b. CONDITION F	FOR WHICH O	PERATION WAS PE	RFORMED	20o. AUTOF	PSY?		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
	ICIAN: pital ar rtificate d for u af Heal	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical ex	DEATH HOUS	TIME OF INJU R A.M. Mo P.M.	JRY anth Doy Year		OW INJURY OCCI	URRED (Enter	noture of inju	ry in Port 1 or Port 2,	Item 18.)	
	JING PHYSICIAI by the haspital fler this certifice be detached for State Dept. of He	W	While Not while of work	21e. PLACE OF IN	OFFIC	OME, FARM, STREET, FAC E BUIEDING, ETC.	/	CATION Street	t ar R.F.D. No.	City	ar Town	County	State
	TTENDING ained by OR: After nauld be h the Stat		22a. I certify that (1) saw the decease couses stated ab	(t his hospita I olive on S ove, (I) (we)	diffende (did) (did	natiview the	ed from 967, and body after o	d that in (my leath.	, 19 <i>5</i> y) (our) opir	8, to 6	Curred on the d	ote and hour	(I) (we) last and from the
	OR be re		22b. SIGNATURE 22b. AHYSICIAN'S NAME (Type)	466	/ps	Alty 1	1DDEGR	EE ATTENDING PHYS. 22e. ADDR	LJ DII	D. RECTOR	STAFF PHYS. D 220	DATE SIGNED	69
	TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be file	23a	BURIAL, CREMATION, RELIZED CONTROL OF THE	3 /9 196	9	23c. NAME OF	CEMETERY OR	CREMATORY		23d Neav	on (Gity or Toyla).	(County)	(Stote)
	VR AI	24.	MURICE E,	EUWAM .	& SOW	, Easton	n, Md.		2So. REC'D BY	REGISTRAR N 1969	25b. REGISTRAR		e.

ation and a line 9/1/1/02 · Te Lakbert. 000000 1.11.15 M. disas acres 12 5 10 2XV et -:- , ourse o ones, ceries Europel Port 1909 Heavill J. 3131124

MUNICES, EDMING SON, COCKS, IK.

1		MARYLAND STATE DEPA		
90	08993	DIVISION OF VITAL RECORDS, 301 W. PRESTOR CERTIFICATE		08985
1	DECEASED-NAME , First	Middle L Lost		
	(Type or print) HARR	.1	Month D	ay Yegy 2b. HOUR
3	SEX		OF BIRTH 6. AGE (In years	IF UNDER 1 TEAR IF UNDER 14 HRS.
	Male		last hirthday)	MONTHS DAYS HOURS MIN
70	. BIRTHPLACE (State or foreign		0 6 6 6 9 10 7 7 1K3	
ca	untry) Maryland	MAKKIED IX NEVE	DIVORCED 1	
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION of not in has	pital 120. USUAL OCCUPATION (Kind of work done	
	EUSTON	gife treet oddress) RIA AOS D. 1	A during most of working life, even if retired ! Retired Store CI	INDUSTRY enk
13	 USUAL RESIDENCE (Where decease mission) STATE 	lived, if institution: Residence before 13c. CITY OR/TOWN	13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	Maryland	Caroline Greensbor		
14	FATHER'S NAME First	Middle Last 15. MOTHE	R'S MAIDEN NAME First Middle	Last
L	Charles W		nna Dill	
16	a. WAS DECEASED EVER IN U.S. ARM Yes_no, or unknown) (If yes give wo	or dates of service)	71001023	
-	No	717-07-9046 Mi	ldred Kinnamon Green	
Г	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
		CAUSE (0) CARDIAC KRARS		
	14/24	DUE TO, OR AS A CONSEQUENCE OF		
1	Conditions, if ony, which gove rise to immediate cause (a),	(b) A SCOP		15 90
	stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		2
	lost,	(c) LL MRa	MANIA	1- Days
E	PART 2. OTHER SIGNIFICANT CON	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
20	LO DATE OF OPERATION LIGHT	CangaSTIMA 1+1	1-AILLINE	
CEPTIFICATION	19a. DATE OF OPERATION 19b. C		AUTOPSY? ZOD. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
I di	21a. ACCIDENT WAS UNDERLYING		ES NO	
		HOUR A.M. Manth Day Year	RY OCCURRED (Enter nature of injury in Part 1 ar Part 2	, Item 18.)
MFDICAL	(If either, notify medical examination 21d. INJURY OCCURRED 21e.		6	
	While Nat while at wark	ACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION	Street ar R.F.D. No. City ar Town	County State
Н		h	25 64 10 66	691111
	saw the deceased ali	haspital) ottended the deceased fram of the an ond that i	in (my) (our) opinion deoth occurred on the d	9 7, that (I) (we) las
	causes stated above,	1) (we) (did) (did not) view the body ofter death.	in (my) (our) opinion death accurred on the o	die Gila noor and nom m
	22b. SIGNATURE		77100110 220	DATE SIGNED 6/28/69
	land	DEGREE PH	TENDING MED. OUT OF THE PHYS.	6/28/69
	22d. PHYSICIAN'S Dorset NAME (Type)	D. Smith M.D. 22e	Maryland 21601	
23	o. BURIAL, CREMATION, 23b. D		200407429700	(County) (State)
2.0		30-69 Cedar Hill	Washington, D	.C.
24	FUNERAL DIRECTOR	ADDRESS	25g. REC'D BY REGISTRAR 25b. REGISTRAR	
,	1 6. roula	Vireenslovo, Mel	. DATE UL 1 1969 Police	The state of the s

Para San San San San Asia Maria 1130. 27, 2015.12. had and for Dell's your le's 250 and the second of the second second second DESCRIPTION OF THE PROPERTY. A SECRETARIO DE COMO DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DE LA COMPANSA DE LA COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DE LA COMPANSA DE LA COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DE LA COMPANSA DE LA COMPANSA A the particular of the control of t Carlo Single Single State Carlo State Stat

FOR STATE	8-1-	18&22a F 08994		MAKTLAND						0898	6
EALTH DEPT.			First		ddle		Last		20. DATE KNOWN Mont	h Doy Year	2b. HOUR
ay is 3 ta Page ent af	(түре	ar Print)	FRANK	BAKE	R L	BWIS			OF ESTI- DEATH MATED A 6	16 16	7 - N
m PM3. Pag Department	3. SEX	4. RACE	S. DATE OF	BIRTH	6. AGE (In	lama.		IF UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD		2d. HOUR
	Ma.	le White	May 1	6, 1928	41	YRS. MONTHS	VATS	HOUKS MIN	Manth Day	Year 19	M
3		HPLACE (Stote or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8.	MARRIED X	NEVER MARRIE	D 9. COL	UNTY OF DEATH		
	country	ew Jersey	US	SA		WIDOWED [DIVORCE	ED 🔲	Talbot C	County	Me
0	10. CITY	or town of death		I. NAME OF HOSPI ive street address)	TAL OR INSTI	TUTION (If nat in	n haspital	12a. USUAL Of during mast a	CCUPATION (Kind af wark done of warking life, even if retired. odcarver	12b. KIND OF BU	SINESS OR
degth.	13o. USI	JAL RESIDENCE (Where de ssign) STATE ATYLAND	eased lived, if in 13b. COUNT	stitution: Residency Talbot		c. CITY OR TOWN		SIDE CITY LIMITS?	13e. STREET AND NUMBER		
		ER'S NAME First		ddle	Last	1S. MOTI	HER'S MAIDEN	NAME First	Middle	Los	st
		Georg	e Fenn I	Lewis			Eva	Baker			
		DECEASED EVER IN U.S. ARM	ED FORCES? give war or dates of serv	16b. SOCIAL SI	ECURITY NO.	17. INFORM			ADDRESS		
	(103,1	Yes	WW II	136-22	2-2370	Mrs.	Ethe1	M. Lew:	is, Bozman, Ma		
	18	. CAUSE OF DEATH (Ente								APPROXIMAT BETWEEN ONSE	E INTERVAL T ANO OEATH
١		PART 1. DEATH WAS CA	USED BY: EDIATE CAUSE (a)_	A	lcoh	1-Barb	itura	te syne	ergism	Hours	
=	-13	03.9		OR AS A CONSEQ	UENCE OF						
event within		nditians if ony, which go e to immediate cause (c	(b)_		100	18.56					
	ste	ating the underlying cau		, OR AS A CONSEQ	UENCE OF						
מנות ווו	las) (c)_								
		RT 2. OTHER SIGNIFICANT C	ONDITIONS CONTRI	BUTING TO DEATH	BUT NOT RE	LATED TO THE TE	ERMINAL DISEA	ASE OR CONDITION	ON GIVEN IN PART 1(o)		
10000	CERTIFICATION 12	a. DATE OF OPERATION			ON FOR WHI	CH OPERATION				20. AUTOPS	_
	STIFIC				1.74					YES	NO 🗌
	DICAL	a. EXTERNAL CAUSE WAS RIMARY [] OR CONTRIBUTII AUSE OF DEATH	ig ☐ Hot	E OF INJURY Month IR A.M. P.M.	19			,	ure af injurγ in Part 1 ar Part 1	2, Item 1B.)	
			1e. PLACE OF INJU factory, affice bu	RY (At hame, farm	, street,	21f. LOCATI	ION Street ar R	R.F.D. No.	City ar Tawn	County	State
		WHILE NOT WHILE AT WORK	.acres p								
		22a. I certify tha	t I taak charge	af the remains	described	abave, held a	in Autaps	y 📈 , In	spectian, Inquiry	, and in r	ny apin i oi
1000	1	death resulted from	n: Natural	causes 🕱 ,	Accident	, Suicido	е 🔲, Н	Iomicide 🗌	, Undetermined monn	er 🗌	
₽				a Va	00		CHIEF I	MEDICAL EXAMIN			
		CTUAL IGNATURE	ann,	JUSVE	ty	-		ANT MEDICAL EX	Aminek	ATE SIGNED	
		XAMINER'S				act	/	MEDICAL EXAM		6-11-69	1
Health				WELTY, I					awn, or county)		
2		URIAL, CREMATION, EMOVAL (Specify)	23b. DATE	77.4		METERY OR CREA			J. LOCATION (City or Tawn)		(Stote)
	Cr	emation	June 18	1969 Pt		coln Ce			Vashington, D.	D'C CICNATURE	
	37	MERAL DIRECTOR	5.0	111	ADDRESS	11	To l	Sa. REC'D BY RI	7 1969 25b. REGISTRA	ENCE TOUR	84
1	10	urison o	suna	sall.	MIC	nalls	Ma D	AILO OIL T	. 1000	0 0	

				. · i
	STATUTE OF	944 x 444		
			Jail .	
	Table 19		A PART AND	
Marka Carl		JE . HEL . STR		
				The Part of the Pa
		.0	• (

110	DIVISIO	N OF VITAL RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE, MARYLAND 21201	
P	08995	CERTIFICATE OF D		08987
death.	1. DECEASED-NAME (Type ar print) Ralph	Middle Last Vincent Mulde	2a. DATE OF DEATH Mapth Day	Year 2b. HOUR
rs offer	3. SEX ALE 4. RACE		H 6. 1885 6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
in 24 haurs filled in by papers. To hin 72 haurs	70. BIRTHPLACE (State or fareign country) TERSEY 7b. CITIZEN	OF WHAT COUNTRY? 8. MARRIED ☐ NEVER MARRI WIDOWED ★ DIVORCE		Md.
be executed within 24 haurs Nand-completely filled in by e remave carban papers. It in any event, within 72 haurs	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)	12a. USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired REFUES DOCCOR	12b. KIND OF BUSINESS OR NOUSTRY
omplet or event	13a. USUAL RESIDENCE (Where deceased lived, if admission STATE 13b		I. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	iew
	JAMES VINCEN	the Muldood IS. MOTHER'S MAID	Rtha J. Piersall	CROXEDN
physician and completely filled en please remove carban pape aval, and in any event, within 7	16a. WAS DECEASED EVER IN U.S. ARMED FORCES: Yearna, ar unknawn) (If yes give war or dates of se	Price) 16b. SOCIAL SECURITY NO. 17 INFORMANT DI 135-09-5099 MRS. F. Wil	Address Address	1
PHYSICIAN: The law requires that the death certificate e hospital ar attending physician. his certificate has been signed by the attending physician stacked far use as the burial-transit permit. Then pleas Dept. af Health priar to burial, crematian, ar remayal, and	IB. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	e per line (a), (b), and (c).) Fort operature pre	umina	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 DOSE
nat the 1 y the at mosit per	Canditians, if any, which gave rise ta immediate cause (a),	D, OR AS A CONSEQUENCE OF		0
The law requires that to attending physician. has been signed by the se as the burial-transit he priar to burial, cremat	last.	O, OR AS A CONSEQUENCE OF (c) NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	DISTAST, OD COMPLYON CHIEF IN DADY V	
e law req tending plans in s been sin as the bu priar to bu	anti canon tito	o caremon of the m	glit colon	
AN: The law read and are attending icate has been far use as the Health priar to	6-18-69 Adenoc	or which operation was performed 200. AUTOPS arcinoma of right YES	NO CAUSES OF DEATH?	
SICIAN: spital a srificat ed far af Hec	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	P.M. Manth Day Year	RED (Enter nature of injury in Port 1 or Port 2, It	tem 1B.)
G PHYSICIA the hospital r this certifica detached fa te Dept. af H	While Nat while at wark at wark	UURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of OFFICE BUILDING, ETC.		Caunty State
OR ATTENDING be retained by th DIRECTOR: After th ge 3 shauld be de led with the State	22a. I certify that (I) (t his hospita saw the deceased alive an— causes stated above. (I) (we)	di) attended the deceased from affine 1969, and that in (my) (did) (did net) view the body after death.	(our) opinion death accurred on the dat	te and hour ond from the
OR ATTENIOR OF RETAINED OF SET	22b. SIGNATURE Reshin	Dania DEGREE ATTENDING PHYS.		ATE SIGNED - 26-69
Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	22d. PHYSICIAN'S NAME (Type) Stephen	22e. ADDRES		
TO HOSPITAL Page 4 may TO FUNERAL I directar, pag shauld be fil	23a. BURIAL, CREMATION, 23b. DATE 28	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Jown)	(Caunty) (State)
VR A15 (4) 45M - 1/69	24. FUNERAL DIRECTOR A BACK		o 100 BY REGISTRANS O	STOMATURE

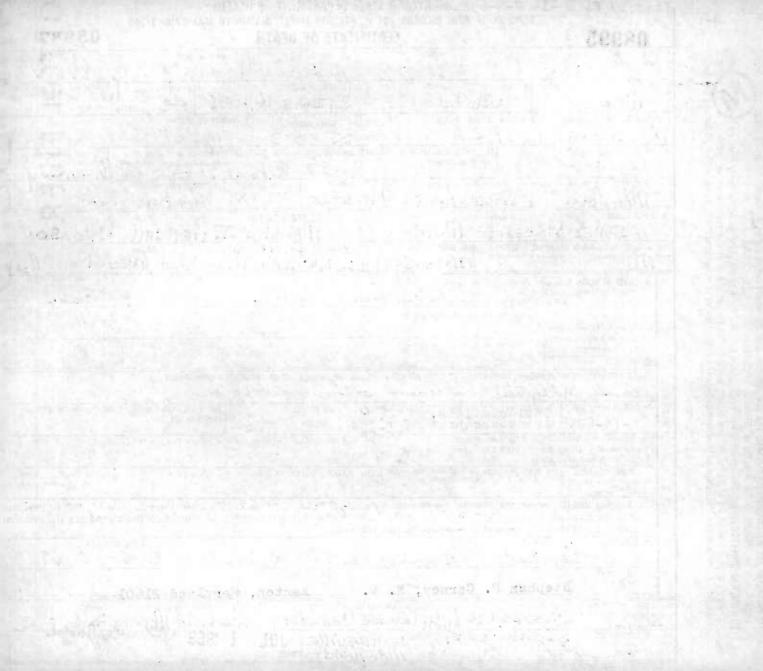
ARII) CIASE INCOADIRAC

ALL OF HEALTH

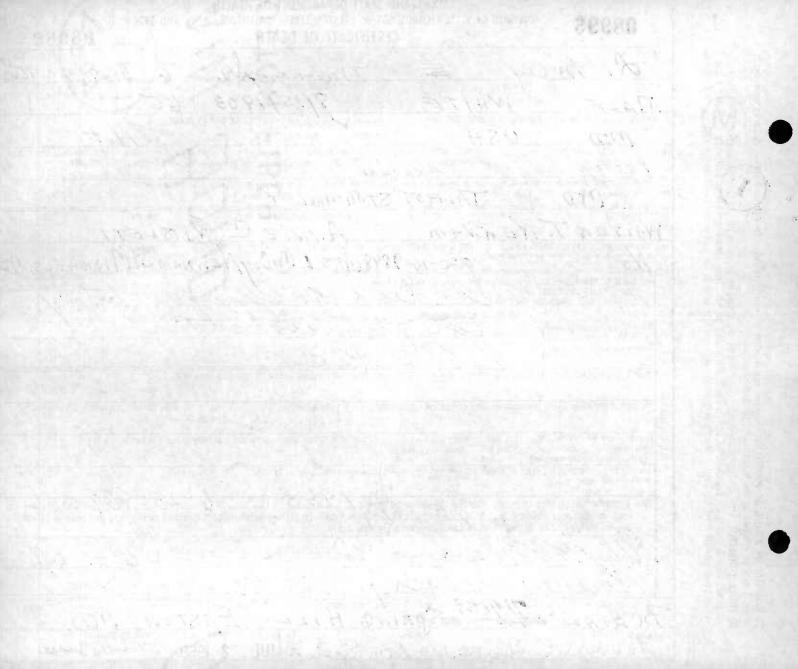
T 1

20

1 1 1 1 1



	- 1		M	AKYLAND SIAIE	DEPARIMENT (OF HEALTH			
1		08996	DIVISION OF VITAL F				RYLAND 21201		
		(10000		CERTIFIC	CATE OF DEAT	TH		089	88
death.	1	DECEASED-NAME (Type of print)	First N	iddle	Last	DI. DATE OF	DEATH Manth D	Vosa	2b. HOUR
			cloy &	7	Zew-nas	KYV.	6 2	8-1969	10am
	3	SEX	4 RACE	_	5. DATE OF BIRTH	(1000	6. AGE (In years last birthaay)		IF UNCER 24 HRS.
	7	PIPTUDIACE (State or ferring)	76 CITIZEN OF MUSAT COUNT	nva 0	8/15/	1903	65 YRS		
	ď	s. BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNT	o MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH	14	
	/10	CITY OR TOWN OF DEATH	111. NAME OF HO	SPITAL OR INSTITUTION (If n		. USUAL OCCUPATION	(Kind of work done	12b. KIND OF B	Md.
1	8	Easton	give street addre	Memorial	duri	ing mast af warking			NO CC3NICO
2	0	a. USUAL RESIDENCE (Where der mission) STATE	eceased lived, if institution: Reside		R TOWN 13d. INSIDE		REET AND NUMBER		
	1 1	. FATHER'S NAME First	Middle		S. MOTHER'S MAIDEN NA	AMF First	. Middle		Last
		WALTER 7	NEWNAL	n	ANNIE	-C. N	IBLE	77	6031
	1	o. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIA		INFORMANT	0 1	Address	n	
		Yes, to or unknown) (If yes g	2,20	-16-98981	185.L.101	CON/VEN	NAM, JT.	11CHAE	ELS. M
		18. CAUSE OF DEATH (Enter	ar anly one cause per line for (a),	(b), and (b).)	0	19	Sun Track	APPROXIMA BEDWEEN ON!	ATE INTERVAL SET AND CLEATH
		IMM	MEDIATE CAUSE (a)	mar	There	kerr	e	6 day	101
		Canditions, if any, which ga	DUE TO, OR AS A CONSE	QUENCE OF	Par - 0 -	P		/	
		rise to immediate cause (a), ((b)	- just	mor	Tee a			
		stating the underlying cau	DUE TO, OR AS A CONSE	OUENCE F	2 5				
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO	O THE TERMINAL DISEASE	E OR CONDITION GIVE	N IN PART 1(a)		
	2	19a. DATE OF OPERATION 1	19b. CONDITION FOR WHICH OPERAT	TON WAS PERFORMED	20a. AUTOPSY?	and CAUSES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CER	RTIFYING
<		Ol ACCIDENT MAS HADED	NVINO L			10/2			
			DEATH HOUR A.M. Month	Day Year 21c. H	OW INJURY OCCURRED	(Enter nature of inju	ry in Part 1 ar Part 2	, Item 18.)	- 46
		☐ OR CONTRIBUTING ☐ CAUSE OF (If either, natify medical exceed 21d, INJURY OCCURRED 2		RM STREET FACTORY \ 216 LG	OCATION Street on D.C.I.	D. No.	as Taura	Country	State
		While Nat while	OFFICE BUILD	RM, STREET, FACTORY,) 21f. LC JING, ETC.	CATION STREET OF K.F.L	D. NO. CITY	ar Tawn	County	21016
			(this haspital) attended th	e deceased from	1953	19, tale	28 1	960 9 that 1	(I) (awa) last
		saw the deceased	d alive an / S 2 &	19/ C/an	d that in (my) (our)		occurred an the d	ate and havr a	nd fram the
		22b SIGNATURE	ave, (I) (we) (did) (did net)	view the body offer	death.		1 00	DATE CIONED	
		16AMM	Marke	M DEGR	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. \square	DATE SIGNED	9
		22d. PLYSICIAN'S		1	22e. ADDRESS	201 C	7 10	20 0	,
	1	MANE Type	moree	ser h	ATI	neek	all	ma	
	2	BURIAL, CREMATION, 23	3b. DATE 7/1/1969 23c.	NAME OF CEMETERY OR	CREMATORY	23d -LOCATIO	N (City ar Tawn)	(County)	(State)
1 mes	0	DUZIA DIRECTOR	A STATE OF THE PARTY OF THE PAR	SPRING	H124	LA:	STOW,	(10)	
N	1	THE CHAIN	8 Mounda	1+ 2 ~ 5	250. RE	ec'd by registkar UL 2 19		S SIGNATURE	eR.
	L	110000000	C. Juliani	11 JAON	TOTAL SALABINA	0L 6 13	OU "	Lank Inc	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08989 08997 CERTIFICATE OF DEATH DECEASED-NAME Middle death. 20. DATE OF OFATH 2b. HOUR by the funeral Poges 1 and 2 (Type or print) Month 05 papers. Poges 1 Min 72 haurs after 3 SEX 4. RACE DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (In veors IF UNDER 24 HRS. last birthday) OAYS HOURS 1-5-1886 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED F OIVORCED [VELAWARE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) W. during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d INSIDE CITY-HMITS? 13e. STREET AND NUMBER 13b. COUNTY TALBET YES F GOH WAYSIDEAVE TASTON please remov and in ony 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First and Last Middle Last SARAH ILHAM /URPHY 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) burial, cremation, or removol, MISS GENEVI APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise ta immediate cause (o), OUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending hos been as the prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X use YES TO FUNERAL DIRECTOR: After this cerificate he director, page 3 should be detached far use should be filed with the State Dept. of Health OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work ot work 22a. I certify that (I) (this haspital) attended the deceased fram-_, and that in (my) (our) opinion death occurred on the date and hour and fram the saw the deceased alive on____ 119_ causes stoted obave, (I) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE 22c. DATE SIGNED DIRECTOR PHYS. O HOSPITAL PHYSICIAN'S 22e. ADDRESS NAME (Type) Harry W. Walsh. M.D. Easton, Md. 21601 230 BURIAL GREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 45M - 1/69

* 5, 7 • • •

/	Item 2a Film G 414 MARYLAND STATE DEPARTMENT OF HEALTH
+	7/3/69 11 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08990
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	I. DECEASED-NAME C First Middle Lost 20. DATE KNOWN Manth Day Year 2b. HOL
. 2 2 m	(Type or Print) feeme Henry Plygge DEATH MATED June 25,1969
5 ma XE	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER VEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOL
delay delay	male with to 5/7/98 last birthday) MONTHS DAYS HOURS MIN Month & Doy 25 Year 1969 5
PA PA	a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH
J, 2, cm PM	ountry) N = 2
farm, farm	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 1/2a. USUAL OCCUPATION (Kind of work dane 1/2b. KIND OF BUSINESS OR
death e Pag with he Sta	give street oddress) Nemorial Hosp.
g w g	
after death File Sive Pages Johng with far 2 with the State	30. State Resident State Section 128, CHIEF
haurs o stiffice of there de free de	THE THE DOVE
haurs term office Office after d	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
r's r's rs o	HENRY IT, PLUCGE ROSALENA (1. HUNTEMAN
	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/N), QLUNKNOWN) (If yes give war or dates of service) ADDRESS (Yes/N), QLUNKNOWN)
d within in pencil Examine File pag	(Yes/V, as unknown) (If yes give war or dates of service) 230-32-1226 MRS. JEROME H. PLUGGE, CORPOVA M
in 7.	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), apg (c).) APPROXIMATE INTERVAL BETWEEN QUEST AND DEATH
ecuted ing" in edical E ermit. F	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Houte Kespira for y TNSUFFICIERCY HAMINITATION OF THE BETWEEN MISELAND DEATH HER THE BETWEEN MISELAND DEATH HE BETWEEN MISELAND DEATH HER THE BETWEEN MISELAND DEATH HE BETWEEN MISELAND DEATH
Mec per	DUE TO OPECE & CONCEDURACE OF
be execute "pending" nief Medica ansit permit	Conditions, if ony, which gave) "FAD HACE OHE NASTRI PULME EN HY SCHA TRE
auld k vard he Ch he Ch ial-tra any (rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
shauld be executed within 24 he ward "pending" in pencil in ta the Chief Medical Examiner's burial-transit permit. File pages d in any event within 72 haurs	lost.
e sl the ta t bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINARY DISEASE OR CONDITION GIVEN IN PART 1(a)
IER: This certificate shauld be executed within certificate, writing the ward "pending" in pencil nauld be farwarded ta the Chief Medical Examines. es. shauld be used as a burial-transit permit. File pagitan, or remaval, and in any event within 72 hau	COAFTERSTON TELL LIND - PND, IN ATLARAX CIMIL
vriti vriti var var	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 220. AUTOPSY?
his certi ate, writ e farwa be used remava	WAS PERFORMED?
INER: Thi e certificat shauld be files. 3 shauld be action, ar r	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
-	PRIMARY OR CONTRIBUTING HOUR A.M.
INER e cer shau files. 3 sha atiar	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 Zold. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State
	WHILE NOT WHILE factory, office building, etc.)
EX. unte age age . You . cr	AT WORK AT WORK
ICAL E executor. Page far CTOR: burial,	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection Inquiry, and in my apini
Se escription of the second of	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undefermined manner
please I directo retained L DIREC	ACTUAL CHIEF MEDICAL EXAMINER CONTROL ACTUAL CONTROL C
ry, ple eral di be reto RAL Di priar	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE STORED
Sor Sor Wheel	EXAMINER'S COLOR DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
ro DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained for your TO PUNERAL DIRECTOR: Page Health priar to burial, cren	NAME (Type) Sr / RECHT / JR, ADDRESS(Street, city, town, or county)
0 = + 2 D =	23a. BURIAL, CREMATION, 23b. DATE 23c. NAM OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	DURIAL 6/28/1967 WOODLAWN (TEMOR) ALTARY LASTON, 11)
100	24 EUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250.
VR A15ME (5) 10M REV. 1/68	PAURICE ENEWNAM SON, FASTON, (AD DATE JUN 30 1969 Williams &
190	

THE RESERVE OF THE PARTY OF THE and the control of the second The Best State and I was spreading the THE PAR CHELDING HAVE EAST WELL THE TO A STATE OF THE PARTY OF THE

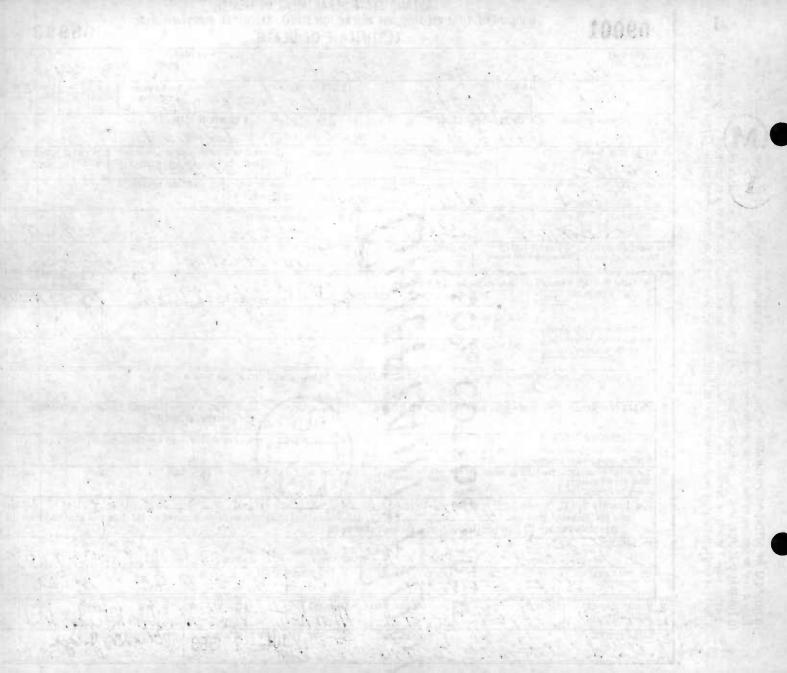
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08991 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) ESTI-JOHN WAITE PRITCHETT 3:20 18 69 DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR July 2, 1895 18 Doy Yeor 1969 white male with the State Depart 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH the Chief Medical Examiner's-Office along with farm country) Virginia USA WIDOWED [DIVORCED [TALBOT 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR giver or isal Hospital dwing most of working life, even if retired.) Easton .C. Police 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Officer odmission) SIAILryland 13 Count hester in Item 18. Hurlock YES NO R.F.D. (Beulah) other 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First First Middle Malcolm Pritchett Unknown pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** within (Yes, no or unknown) (If yes give, war or dates of service) John W. Pritchett, Jr., Burtonsville, Md. None File APPROXIMATE INTERVAL event within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CORONARY OCCLUSION DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), certificate should please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .5 shauld be farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 Chronic bronchitis removal, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 20 21b. TIME OF INJURY Month, Doy, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my apinion death resulted fram: Natural causes X. Accident ... Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6-18-69 actingEPUTY MEDICAL EXAMINER & Louis S. Welty **EXAMINER'S** 5 may TO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Sperify) June 20, 1969 Junior Order Cemetery Preston Caroline Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Son, Federalsburg, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

			10 15 15 15 15 15 15 15 15 15 15 15 15 15
		Process Comment	
	need 1		
		(or less)	
and the second	Tales of the party		
	Printer Commence		ner i talia di estali.
		The water than the second	
467 4	tool is Aut	profession and had	I will point of 11

	1			09001	DIVISION OF VITAL RECOR		ET, BALTIMORE, MARYLAND	08993
	leath.	Ī		EASED-NAME First pe or print) Howard	Middle / William	Short	2a. DATE OF DEATH Mani	th 6 Day 29 Yeor 69 2b. HOUR
	pours after death. Thy the funeral s Pages 1 and 2 haurs after death.	3	3. SEX		4. RACE White	S. DATE OF BIRTI		(In years IF UNDER 1 YEAR IF UNDER 24 HRS. THOUGHT AND THE TH
•	2 Se 3 A Se		o. Bl caunt	RTHPLACE (Stote or foreign (Y)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCE	0 12/08	, /
/	within po	00	1	r or town of DEATH	give street address)	R INSTITUTION (If not in hospital	120. USUAL OCCUPATION (Kind of during most of working the ever	n if retired.) INDUSTRY
	executed with	De	odmis	sion) STATE Md.	osed lived, if institution, Residence bei	Irappe Y	d. Inside city limits? /ES NO 13e. STREET AND	
	ie be exe			THER'S NAME FIRST	Middle Alexander Middle	rt Be	SSIE	Middle Short
	ertificate by physician nen please naval, and i	-	Ye	7 " \$	war or dates of service)	Missia	uline Short,	APPROXIMATE INTERVAL
	requires that the death certificate be executed g physician. I signed by the attending physician and camples burial-transit permit. Then please remave car burial, crematian, ar remaval, and in any event			PART I. DEATH WAS CAUSE	nly ane cause per line to (a), (b), and ED BY: IATE CAUSE (o) DUE TO, OR AS A CONSCOUNCE	ocardeal y	Infarete	eetween onset and death NSTANT
	hat the n.y the a ansit pe			Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse	(b)		1	
N	equires that the physician signed by the burial-transit purial, cremati			ast.	(c)	UT NOT RELATED TO THE TERMINAL D	DISEASE ORCONDITION GIVEN IN PART	T 1(o)
410		2	CERTIFICATION	9a. DATE OF OPERATION 19b	o. CONDITION FOR WHICH OPERATION WA		CALICEC OF DEAT	RE FINDINGS CONSIDERED IN CERTIFYING
	AN: The off or att cate has far use Health p			Pla. ACCIDENT WAS UNDERLYI	ATH HOUR A.M. Manth Day		RRED (Enter nature of injury in Part	
	by the hospital ther this certificate be detached faither the serificate be detached faither state Dept. af He		MEDI	If either, notify medical exam 21d. INJURY OCCURRED 21e While Nat while	niner) P.M.	19 ET, FACTORY.) 21f. LOCATION Street	ar R.F.D. No. City or Town	County State
i i	O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to		- 10	220. I certify that (I) (the	his hospitol) ottended the dec olive on ve, (I) (we) (did) (did not) view	eased from 11 53 1964, and that in (my) the body ofter death.	, 19 68, to 6/	29, 1969, that (I) (we) la d on the date and hour and from th
•	OR ATTENE be retained DIRECTOR: A je 3 shauld ed with the	1		22b_SIGNATURE	Gunly	M TOEGREE PHYS.	DIRECTOR PHYS.	D 1 JULY 69
	Page 4 may O FUNERAL C director, pag			22d. PHYSICIAN'S NAME (Type)	E. GUNB	22e, ADDRE	MIBR DE	GE M.D.
	Page To Fun	PA	6	REMOVAL (Spreity)	11/64 Eds	OF CEMETERY OR CREMATORY	22d. LOCATION (City of	(Stote) (County) (Stote)
	VR A15 (4 30M REV. 1	68	A	UNERAL DIRECTOR	loughly coas	Frow Mack	7 1969 25 DAX	Celebras Judge.

HEDAD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08994 Item8 FilmG413 6/19/69 kk CERTIFICATE OF DEATH 1. DECEASED-NAME 2o. DATE OF DEATH 2h HOUR STEWART (Type or print) June Manth 14. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS Lemale white 1874 lost bythdoy) une 24 hours 7o. BIRTHPLACE (State or foreign country) Labama 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Talbox WIDOWED TO DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR With npa Box 77 nunal. campletely 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Manuland | 13b. COUNTY Talbot event. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER aston and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last Last Hiam Achsa Scott Boswell requires that the death certificate be 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SD CIAL SECURITY ND 17. INFORMANT Yes, no or unknown) (If yes give war or dates of service) Mrs. Lyman S. Perry "Cosey Point" 220-46-3166 burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TD THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) detached far use as the te Dept. af Health priar to TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE DE DPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (+) (this haspital) attended the deceased from 1850 Trecer saw the deceased alive an Unestano 19 , and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE directar, page 3 shauld be filed v PHYS DIRECTOR PHYS. 22e. APPORESS Caston, Maryland 22d. PHYSICIAN'S Stephen P. NAME (Type) 3a. BURIAL, CREMATION, Neunam & Son Easton, Md. VR A15 (4) 45M - 1/69

THE PERSONAL PROPERTY OF THE PARTY OF THE PROPERTY OF THE PROP 110 1834 57 W.T. Sure 14, 1969 coule white have 7, 1671. Majana ... word ceston ... it, well invenile respective to the same Liebert . Commission Buc Mis. no 220-16- Ins. Lynn. . care but destin

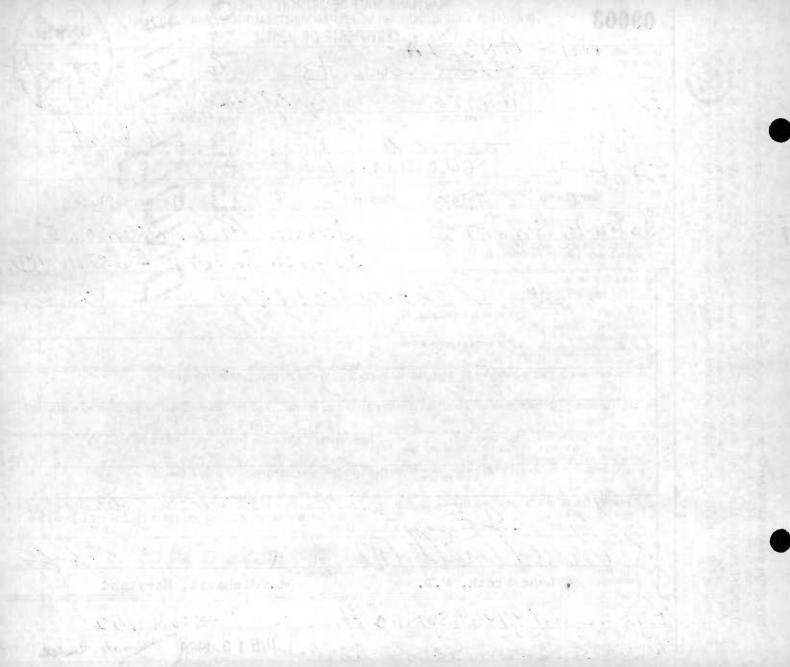
in, warien, finner gasing, have mid

Lage my, out, Floride

Services on the services of the second

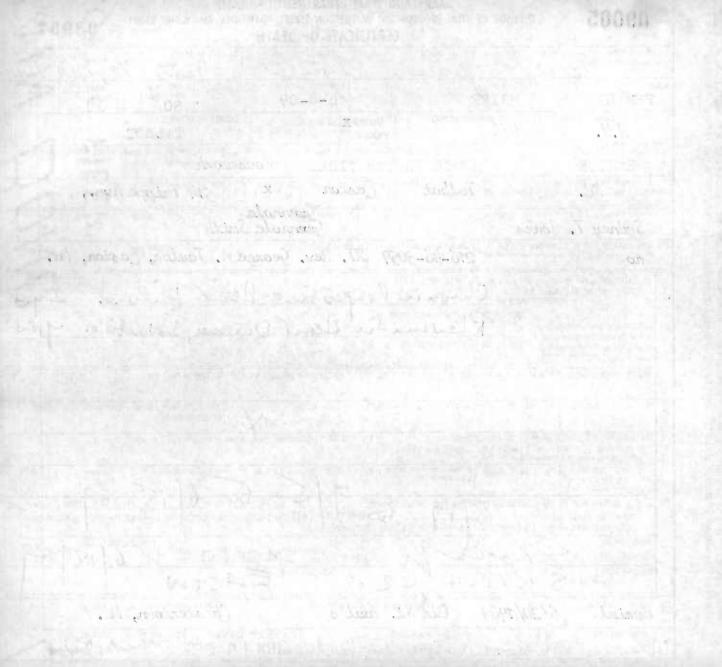
murio. . . Cerem on Coston, It.

	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		09003 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
TO THE STATE OF THE		CERTIFICATE OF DEATH	08995
. 22	1. D	DECEASED-NAME LOST 20. DATE OF DEATH	Tak HOUR
to o to		(Type or print) Sular T	Yeth 2b. HOUR
P 3 PP	2 6	Day Toy Sway 4 5	OT VIOM
	3. S	T O See See See See See See See See See S	DER I YEAR IF UNDER 2 HRS.
S ± 82		FEMALE WHITE 6/5/1969 last birthday) YRS. MONTE	HS DAYS HOURS MIN
by Py	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEWS M	1
in 24 ho illed in t papers.		WIDOWED NOVORCED Jalby	of Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. NIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e. 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages the additional actions of the detached for use as the burial, cremation, ar removal, and in any event, within 72 haurs after deather the state Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after deather the state Dept.	10.	CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUTION (If not in hyspital during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)	b. KIND OF BUSINESS OR IDUSTRY
J w J w	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
omply complete comple	odm	ission) STATE Maryland 13b. COUNTY Talbot Easton YES NO 508 Pleasant Pl.	ace
d c d c	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
and and in an	1	JOHN E. SWARTY JEANNE M. LARRIM	
and ian	160	I. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	UNE
ertificate b physician nen please noval, and i	1	N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknawn) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 18. SHAFTZ: Address	TIN MOD
ph ovc	=		
at the death cer the attending p nsit permit. The matian, ar remo		18. CAUSE OF DEATH (Enter only one cause per tine for (d), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath nit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2011-
affe ern an,		777X DUE TO, OR AS A CONSEQUENCE OF	
the afficient		Conditions, if ony, which gave	
.uat y th suns		rise ta immediate cause (a), (
7 = 100 = 1		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF	
equires the physician signed by burial-trar		(1)	
equires that the physician. signed by the burial-transit purial, cremati	177	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
w w ling	No		
4: The law re ar attending the has been use as the salth priarta	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDI	ERED IN CERTIFYING
The seat	Ē	YES NO CAUSES OF DEATH?	
are are		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	8.)
F F F F F F F F F F F F F F F F F F F	S	□ OR CONTRIBUTING □ CAUSE OF DEATH □ HOUR A.M. Month Day Year	
rent cert	MEDICAL		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta		21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City ar Town Cou	inty Stote
ate de t			, that (I) (we) last
Aft Aft		saw the deceased alive an	_, mar (i) (we) last
the did with the state of the s		saw the deceased alive an	ia noor and train the
TA ST SE		22b/SKGNATURE/	IGNED
d w		TOTAL STAFF	1-10
y b b b b b b b b b b b b b b b b b b b		22d. PHYSICIAN'S 22e. ADDRESS DIRECTOR PHYS. 22e. ADDRESS	07
RAI Pe		NAME (Type) R3. Lane Wroth, M.D. St. Michaels, Maryland	
TO HOSPITAL Page 4 may be to FUNERAL D director, page 5 shauld be file	-	, , , , , , , , , , , , , , , , , , , ,	
HO Bage	23a,	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Col	unty) (Stote)
0 0 D 0 0	1	SURTAL 6/9/1969 SPRIND HILL EASTON, MIS	0
VR A15/14/10	34	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	TURE
45M - 1/69	46	ouriel & Newson + Son Souton Marie JUN 1 0 1969 orlands	· mage



			50000
	2R 38 H , OF , +2.	61Lm	101.400051
		na level	
	System of the se		Para said
	ere des aus No dats de	relation with weath	.08
ASTATE	entrait	e (dmin	Charles
	se, Helen i Debitt, red	Dr Fresto Se Ser (177	
14 N 34 1 1		. Y	
	weter to	are of A. B. A.	
144		€	
garage soll	124 JA-18 18	La satification	a sholl
13.	21/2-12-1-1		
0 01 3	my sure x	A Bank	0.5
July 1		- A	A.E. B. S.A.
ile i.e.	Trie denote	A A A LL ACTURE STATE OF	

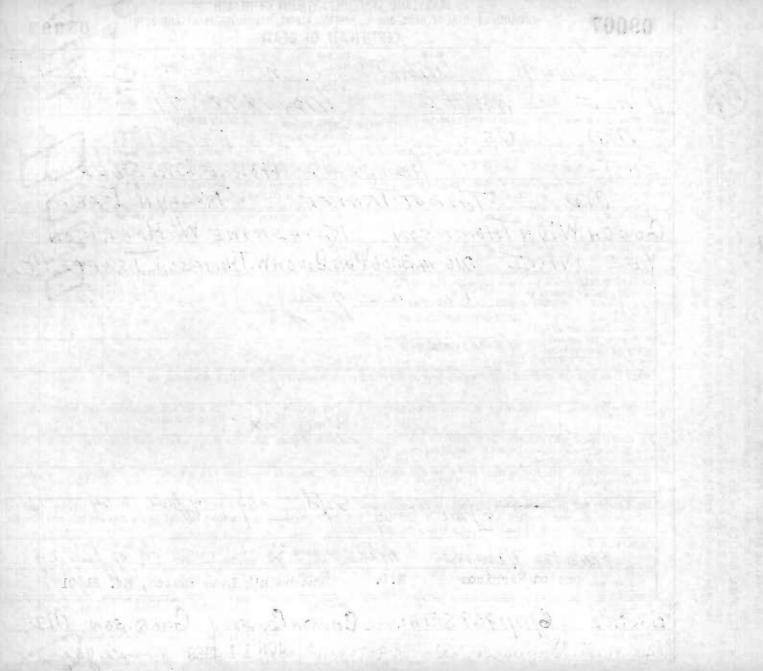
Jo.	76	-	09005	DIVISION OF V	/ITAL RECORDS, :	301 W. PRE	•	ALTIMORE, MAI	RYLAND 21201	089	97
X					(EKIIFICA	TE OF DEAT	H		0 0 17	
1	4 24		ECEASED-NAME Fir	st C) Middle		Lost	20. DATE OF	DEATH		2b. HOUR
1	death	(Type or print)	10,	6.111	T	1001	1	Month Do	Yegr,	2530
	funeral and er deat	2.6	un	A SUCTION A	unu	100	year.	- V	une 10	, 1967	3 140
	the fundaments of the state	3. S	FEMA LE	4. RACE WHITE		S.	14-8-09		6. AGE (In years lost birthdoy) YRS.	MDNTHS DAYS	1F UNDER 24 HRS. HOURS MIN
	in by 1	7a.	BIRTHPLACE (State or foreign ntry)	76. CITIZEN OF WHA	T COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF			
	24 ed append	10	CITY OR TOWN OF DEATH		AF OF HOSPITAL OR INST			1161111 - 661171717171			Mo
	within 2	10.	EASTON	give si	ME OF HOSPITAL OR INST		NES dur	Cres ewokik	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	requires that the depth certificate be executed within 24 haurs after death g physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Factors and 3 burial, crematian, or removal, and in any event, within 72 hours after death a burial, crematian, or removal,	13a. odm	USUAL RESIDENCE (Where dece ission) STATE	osed lived, if institution	Residence before	13c. Cary OR IC	OWN 13d. INSIDE	NO 13e. STI	FEET AND NUMBER 1	Ave.,	
	and co	14.	FATHER'S NAME First	Middle	Lost	1S. A	NOTHER SMARTINA	Marst .	Middle		Lost
	be dir		Sydney 1. J.	ones				a Smith			
	eath certificate be reding physician only then please or removal, and i	160	es, por unknown) (If yes giv	RMED FORCES? e war or dates of service)	66. SOCIAL SECURITY NO. 216-46-305	9 RT.	Rev. Geo	inge A. T	aylor, Ea	ston, M	d.
	Table 1		10 CAUSE OF DEATH (Fater		((-) (1) 1 (-)						MATE INTERVAL
	attending permit. Lite		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IN THE PART II. DEATH WAS CAUSED II. DEATH WAS CAUSED IN THE PART II. DEATH WAS CAUSED II. DEATH WAS CAUSED III. DEATH WAS CA	CED DV.		0 -	(~	1100 /	10	GETWEEN O	NSET AND DEATH
	attence permit ian, or			DIATE CAUSE (o)	monic	(out	stul	Hay	talle	ء يع	LyKS
	att att	11	398 X	DUE TO, OR A	A CONSEQUENCE OF	-	1.				1
	the the sit properties		Canditions, if any, which gave	e) (1)	herma	tic.	(las []	Dispan	Most	4/20	148
+	y the		rise to immediate couse (o)		A CONSEQUENCE OF	- 10-	Harry !	a wan	1 Down	-	-
0	equires that the d physician. signed by the atte burial-transit perr burial, cremation,		stoting the underlying cous last.	(c)	A CONSEQUENCE OF						
5	requi g phy sign buri o buri		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE	OR CONDITION GIVEN	I IN PART 1(o)		
n	din din	NO	190. DATE OF OPERATION 119	COMPLETION FOR MINIS	ODERATION WAS DEED		Los internie	Too. III			
0	IAN: The low recial or attending pricate has been sfar use as the branch Health prior to b	CERTIFICATION	190. DATE OF OPERATION	b. CONDITION FOR WHICH	H OPERATION WAS PERI	FORMED	20a. AUTOPSY?	CALICES	YES, WERE FINDINGS (OF DEATH?	ONSIDERED IN CE	RTIFYING
	of the	CER	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF I	NJURY	21c HOW	INJURY OCCURRED /	Enter nature of injur	y in Part 1 ar Part 2,	Item 18 \	
-79	IDING PHYSICIAN: 1 by the hospital ar After this certificate 1 be detached for use 5 State Dept. of Healt	MEDICAL	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M.	Month Doy Yeor		THE STATE OF THE S	cino notoro or injor	y 111 T G11 T G1 T G11 Z,	110111 10.1	
	PHYSICIA the hospital this certifical detached far e Dept. af Hs	G G	(If either, notify medical exor		19						
	PHYSIC he hospi this certi etached Dept. a	~	21d. INJURY OCCURRED 21	e. PLACE OF INJURY (A	T HOME, FARM, STREET, FACTO FEICE BUILDING, ETC.	PRY.) 21f. LOCA	TION Street or B.F.O	. NoCity	ar Tawn	County	Stote
	he this		While Not while of work			-	1/6	(5	11/1	10	
	DING PHYSICIA by the hospita After this certific be detached to State Dept. af to		22o. I certify that (I) (1	his hospital) atten	ded the deceased	Lion	13	9 00 to	1 6 19	O thot	(I) (we) los
	Affi d b d b d b e St		sow the deceosed	olive on	19	ond t	Not In (my) (our)	opinion death o	ccurred on the do		
	the second		sow the deceosed couses stated above	ve, (I) (we) (did) (d	d not) view the b	ody ofter dec	oth.	op	coation on the ac	TO OTTO TO OTT	ma trom me
	R ATTENI retained ECTOR: A 3 shauld with the		22b. SIGNATURE		1				220	DATE-SIGNED /	
	OR ATTENDING be retained by th SIRECTOR: After the 3 shauld be did ed with the State		_	(Nuc	4/1	DEGREE	ATTENDING	MED.	STAFF		Ca
	od o e e		22d. PHYSICIAN'S	,,00,0	1/	DEGREE	PHYS.	- DIRECTOR	PHYS.	2 14	0
	SPITA 4 may IERAL ar, po Id be f		NAME (Type)	·KKEC	H 31	R.	22e. ADDRESS	-AST	-8N		
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230.	BURIAL, CREMATION, 23b	/20/1969	20 MAME OF CH	Paul Paul	EMATORY S	23d. tocation	tertoun,	Ma (Sounty)	(Stote)
	- = 130	24.	FUNERAL DIRECTOR	1	ADDRESS		250 PFC	D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
	VR A15 (4) 45M - 1/69	7	Parries E.	No.	1. 7	Es-L	U. Hed DATU		at also all	Pan Jacobs	0.440
	45M - 1/09		Lumase w.	Naman	1900	11210	MI MULY DAM U	IN I A 120	9	A Second	Marie Contraction of the Contrac



THE PERSON OF THE PROPERTY OF THE PERSON OF

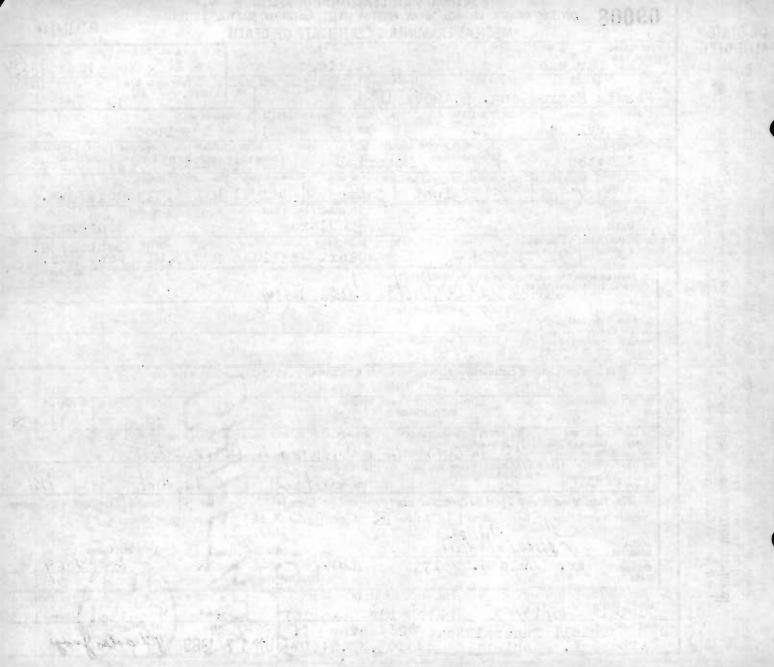
the first of the party of the p

the bear to the second of the



20060 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09000 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month Day Yeor delay 1, nd 3 ta (Type or Print) ESTI-Darlene Williams 196 DEATH MATED d) begt 4. RACE 6. AGE IIn years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH 2d. HOUR Female Negro Aug. 5.1956 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with farm Maryland USA Talbot WIDOWED [Give Pages pages 1 and 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Memorial Easton 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE rvland 13b. COUNTY RFD#3. Glenwood Ave. Talbot Easton YES TO NO Middle IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Lost Middle John Williams Clara Conyer within 24 Ξ the Chief Medical Examiner's haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pencil Easton.Md. (Yes, no, or unknown) Clara Williams RFD#3, Glenwood Mone APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a), writing the ward shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse __ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) certificate farwarded remaval nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES 7 3 shauld be 21c. HQW INJURY OCCURRED (Enter nature of injury in Port 1, or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Lowi County foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE I 1100 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection . Inquiry | ond in my opinion deoth resulted from: Notural causes . Accident 🖂 Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Dr. Louis S. Welty DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) 23o. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Richards Memorial Easton Talbot Maryland ell Funeral Home 4928 Dover ST 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE EASTON.MD.216020AUN Barbara L. Dashiell

MARYLAND STATE DEPARTMENT OF HEALTH



2	MARTIAND STATE DEPARTMENT OF HEALTH						
5	09009 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
	CERTIFICATE OF DEATH 09001	09001					
4 24	1. DECEASED-NAME First O Middle last 2a DATE OF DEATH 2b	HOUR					
24 hours after death do in by the funeral pers. Progressiand 72 hours after death	(Type or print) (S M v - K · (A Q) () () () () () () () () ()	40.					
funer de		A					
afte datte	3. SEX 4. RACE 5. DATE OF BIRTH C T 15 1880 6. AGE (In years IF UNDER) YEAR IF UNDER YEAR Y	R 24 HRS.					
Irs Dr. S.	OC3 TO TTO RS.						
hou hou	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH						
24 iid iid 727	WIDOWED DIVORCED 1/12/pol	Md					
fill gill by	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life even if retired) 12. USUAL OCCUPATION (Kind of work dane during most of working life even if retired) 13. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life even if retired)	S OR					
with with	ETSTON TEACH TO A TOTAL TRANSPORTER	4					
ed v	130 HIGHAI DESIDENCE (Where decorded lived it institution Position In 112 CITY OF TAXABLE	1					
requires that the deoth certificate be executed within 24 hours g physician. I signed by the attending physician and completely filled in by burial-transit permit. Then please remove carbon papers. Po burial, cremotion, or removal, and in ony event, within 72 hours	admissian) STATE NO 136. COUNTY COLDNER DEATH NO 136. STREET AND NUMBER						
oe exe	14. FATHER'S NAME First Middle Last , 15. MOTHER'S MAIDEN NAME First Middle Last						
	\mathcal{L}	1					
te do se o	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	K					
physique per physique per physique per per per per per per per per per pe	Yes, na, arynknawn) (If yes give war or dates of service) RECHORD WESTON	Ma					
erti ph iovo		- 7					
ing he man	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	DEATH					
ne deoth cer attending p permit. The ion, or remo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MES ENTERIC THEOLYSOSIS BY: IMMEDIATE CAUSE (a) MES ENTERIC THEOLYSOSIS	145					
aft perion,	4/24 DUE TO, OR AS A CONSEQUENCE OF , C.V.						
it the the sit p	Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF STATE OF THE PROPERTY OF THE PROPE	25					
tha by ran	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF						
sicion of the off	last. (c)						
A A bequires that the physician. I physician	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
AN: The low requires that the death certificate Lal or ottending physician. al or ottending physician idea has been signed by the attending physician for use as the burial-transit permit. Then please Health prior to burial, cremotion, or removal, and	I SET CUA 2 YPG AS-						
AN: The low rail or ottending icate has been four use as the Heolth prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIRY 21c. HOW INITIPY OCCURPTED. (False polytre of initing in Part 1 or Part 3 from 18)	G					
he he are a h pr	YES NO NO CAUSES OF DEATH?						
or of us							
OR ATTENDING PHYSICIAN: be retoined by the hospital or JIRECTOR: After this certificate e 3 shauld be detached for u ed with the State Dept. af Heol	The street of th						
SICI Spire sertiff ned to							
ho ho hack	21d. INJURY OCCURRED While Nat while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City at Tawn Caunty S	tate					
JING PHYSIC by the hospit after this certii be detached State Dept. af	at wark at wark						
Sta Sta	120. I certify that (1) (this hospital) attended the deceased from 3-30, 1907, to 6-1, 1967, that (1) (w	e) last					
EN Sed	220. I certify that (I) (this hospital) attended the deceosed from 5-30, 1967, to 6-1, 1967, that (I) (we saw the deceased alive an 5-31, 1969, and that in (my) (aur) apinian death accurred an the date and hour and from causes stated obave, (I) (we) (did) (did not) view the body after death.	m the					
Trip of the							
OR ATTENION DE retoined DIRECTOR: A shauld ed with the	ATTENDING MED. STAFF STAFF						
0 d d d d	DECREE PRIS. DIRECTOR PRIS.						
A moy A moy tor, page fild be fill	22d. PHYSICIAN'S J. Knud-Hansen M. D. 22e. ADDRESS Easton, Maryland 21601 6/2/69)					
TO HOSPITAL OR ATTENDING PHYSICIAN: The low range of many be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Heolth prior to							
O HOO Poge o FUN direct shaul	23g DURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State Charles of Charles	T					
5- 5- %		17.					
VR A15 (4) 45M - 1/69	24 FUNERAL DIRECTOR ADDRESS						
45M - 1/69	CHARLES V. MOORED BNTONMD. DAHIN 4 1969 JOHNAN JUNES	T, a					

where the rest indicates a series of the rest blands unto exchange a engage. AND AND AND AND ADDRESS OF THE PARTY OF THE

	MAKYLAND STATE DEPARTMENT OF HEALTH						
	10	00010	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI		09002	
		09010		CERTIFICATE OF DEATH		0300%	
		CEASED-NAME ype or print)	2 Middle	lost	2a. DATE OF DEATH Month Day	2b. HOUR	
		Mel	ry Day	Whigh	new 28	191,96 EM	
	3. SE	X	4. RACE	S. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.	
		Male	/ Col. //	June 28,	1909 YRS.	AONTHS DAYS HOURS MIN	
	caur	BIRTHPLACE (State or foreign stry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	/	
	M	aryland Try or Jown of DEATH	U.S.A.	WIDOWED DIVORCED	74/00	Md Md	
1		Easton	give street address)	hurrial during	SUAL OCCUPATION (Kind af work done mos Not working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
5	13o. odm	usual residence (Where deceo	ised lived, if institution: Residence before	13c. CITY OR JOWN 13d. INSIDE CIT			
	14. F	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	First Middle	Last	
		Raymond	Burk		Wrigh	nt	
	16a. Y	WAS DECEASED EVER IN U.S. ARI	wor or dates of sensive)		Address		
			None	Robert Wri	ight Greensbord		
		 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE 	nly one couse per line for (a), (b), and (c)	1.1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		IMMEDIA	ATE CAUSE (a)	relieny un	RVENLIN		
		Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE O	01.1 + 11 W	ali. Track		
		rise ta immediate cause (o),	(b)	ig sugary	regul Leave		
		stoting the underlying couse		i de la companya della companya della companya de la companya della companya dell	rolemia		
		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF			
	7						
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F	ERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING	
	TIFIC	100		YES 📉 NO [CAUSES OF DEATH?		
		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OEAT		21c. HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Part 2, Ite	m 18.)	
	MEDICAL	(If either, notify medical exami	iner) P.M.	19			
	-	21d. INJURY OCCURRED While Nat while at work 21e.	. PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Street ar R.F.D. N	No. City ar Town	Caunty State	
		220. I certify that (I) (th	is haspital) attended the decea	sed fram 6/28 , 190	59 , ta 6/28 , 196	9, that (I) (we) last	
	-13	causes stoted above	alive an 6/28/69 e, (I) (we) (did) (did not) view the	bady after death	pinion death occurred an the date	ond hour ond fram the	
		22b. SIGNATURE	7 (1) (10) (did not) then the	7/	22c, DA	TE SIGNED	
	Я	64	Hair 6	DEGREE PHYS.	MED. STAFF PHYS. 1772,	TE BISNED	
		22d. PHYSICIAN'S NAME (Type) E. D.	Hardy M.	_ 22e. ADDRESS	Maryland 21601		
	230.			CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (State)	
		REMOVAL (Specify)	July 1 1000 T	Union	Goldsboro, Mc		
1	24	FUNERAL DIRECTOR	DO DDRES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BY REGISTRAR 2Sb. REGISTRAR'S SI	GNATURE	
1	1	Ju 2/2	outans the	enavore all	7 1969 (Chanta)	Justo	

